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...THE...

AMERICAN FUNERAL RECORD

A READY REFERENCE DAY BOOK FOR UNDERTAKERS

A few words of Explanation to the man who enters up the order for Funeral Arrangements:

This Record Book will be of great assistance to your profession in recording funerals and arrangements for same, correctly, intelligently and completely. You will find it prudent to enter all items that are given therein, as in doing this you will not only enhance the prestige of the profession, but also create admiration and confidence of your patrons in your work. Record items of a deceased are looked for at the Undertakers' quite frequently, and the more exact the record is kept with data that have bearing on the funeral, the better will be the results.

In entering up your work, observe the following:

Do not hesitate to get and fill in all possible information to make the biographical record of the deceased complete. Such items as date of birth, occupation of the deceased, single or married, religion and age, are matters of biographical record and should be entered up most exactly and correctly in every case.

The two clauses, "Order given by," and "How secured," are important. They will assist you very materially in overcoming the embarrassment incident to asking security for an account. It is also of importance to have party who orders the funeral sign in the space provided for at bottom of sheet.

The clause "Cause of Death" is very essential for several reasons: 1, to know whether the subject died of a contagious disease; 2, to adopt correct measures for embalming; 3, to ascertain necessity of disinfection, etc.

The pleasing and correct rotation, observed in the bill of items to be charged, is an essential and most practical feature of the chart, and this part of the record alone is worth the price of the book. Fill out such items as you were called upon to furnish, and leave the others blank. Read all items carefully when you render bill, in order to be sure that you have not omitted any charge. The extra lines on bill of items are for such charges as the printed items may not provide.

The Ledger part on bottom of each page will enable you to keep account of your entire funeral work in this book, though you may prefer to transfer the total of the bill as one item into your regular Ledger.

This Funeral Record has been compiled after close study into the proper requirements of your profession. It is the result of years of experience, and, if you will carefully enter up the spaces provided in this book, you will find that every item that might possibly be needed for future reference, is recorded.

THE PUBLISHER.

Books are made up as follows:

No. 4132—132 pages
No. 4200—200 "
No. 4300—300 "
No. 4450—450 "
No. 4500—500 "
No. 4600—600 "

No. 4800—Loose-Leaf Cover
No. 4801— " " Index
No. 4802— " " Record Sheets
No. 4805—Pads of Memorandum Sheets

☛ *See Rules on "Funeral Ethics" on Next Page*

Published and for Sale by
F. J. FEINEMAN
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ST. LOUIS, MO.

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F. J. FEINEMAN
St. Louis, Mo.

FUNERAL ETHICS

Details of funeral work may vary slightly in different communities, but the following rules of FUNERAL ETIQUETTE apply generally. While the Funeral Directors are conversant with matters pertaining to well conducted funerals, the suggestions set forth herein cannot fail to prove of interest and value and perhaps reveal points worthy of close observance.

In all things use good judgment and cool deliberation in performing your work, and remember that you are not called upon to console the bereaved, but to take care of the remains, and do that in the most competent and least ostentatious way.

Be courteous and polite under any and all circumstances, however trying. Refrain from alluding to your work as a "job"; it is not only bad form, but is also apt to offend your patrons. Term it a "call", a "funeral", or "an order".

Perform your work in a quiet and considerate manner and make as few requests of the family as possible. Talk in an undertone while at the funeral house.

When selling the Casket and Furnishings, ascertain what means there are, and how much money is calculated to be expended for the funeral, then recommend the highest class of goods within the amount.

Should you be confronted with the argument that lower prices than yours are quoted or promised by associations or parties who solicit funerals on a life subscription plan, you may well ask the customer if he or she had investigated the promoters financial responsibility. If it becomes absolutely necessary, meet the price, rather than lose the business. But you yourself had better investigate the contracts of those promoters to discover the weaknesses and flaws in them, then point them out honestly to your patrons. (See resolutions adopted in October, 1937, by the "Disabled Veterans of the World War, St. Louis Chapter No. 1.")

If offered in security an insurance policy of a Company you are not familiar with, you can make inquiry at the "Better Business Bureau" or at the insurance commissioner's office of your state.

Take correct note of all arrangements for the funeral. Be sure that you have a clear understanding with your customer on all points pertaining to the funeral arrangement, and then note same into your Funeral Record Book. Also be careful that you have the correct spelling of name of the deceased for the newspapers, etc. A memorandum sheet of the "AMERICAN" Funeral Record will assist you greatly in these functions.

Further take note carefully of the biographical items, such as religion, occupation, age, etc., and insert them in the spaces provided for in this Record Book. Items of record of a deceased are often inquired for at the Undertaker's, and by keeping complete record, your patrons will see for themselves that you are doing your work on up-to-date principles, and that a funeral is handled by you better than a mere "putting the body under ground". Death Certificate, memorandum sheet on which the order was taken, newspaper clippings, and notations should be placed in an envelope and filed for possible future reference.

At the Funeral the Funeral Director should dress in a dark, preferably black suit, and should wear a black necktie; but in summer he may wear an all white suit if he prefers.

Use Badge consisting of delicate flowers or smilax with lavender or gray ribbon on the door, instead of the antiquated crepe.

Avoid all delay, hitch, or any misunderstanding among your helpers. Instruct bearers, drivers and others beforehand.

In some cases use Matting, and possibly a Tent, at the cemetery to keep off rain or intense sunlight. The bereaved will often appreciate such suggestion. Lining with evergreen helps very materially to make a grave seem less distressing during interment.

Paint or stain the Outside Box or Shipping Case.

At the funeral services the sermon precedes the speeches of lodge members, whose speeches are usually made at the grave. If societies attend in a body the principal services are held at the grave; Roman Catholic always at the church. Where both the WHITE SHRINE and the EASTERN STAR are represented, the WHITE SHRINE functions first, because the Commitment in the EASTERN STAR ceremony really concludes the service.

Order of funeral cortege is best arranged as follows: Minister's Automobile, Automobile with Pallbearers, Hearse, Chief mourners Automobile and automobiles of friends. If Lodge members conduct the rites, the Lodge members lead the procession.

At military funerals place Flag on Casket with the field (stars) over left side of casket (indicating position over the heart). Poppies may be placed on the Flag but no other flowers. In procession in which flags are carried, the **NATIONAL FLAG** must always be carried to the right of all other flags, and in change of formation it must never be crossed with other flags.

Where the deceased is buried without any religious service, or where the mourners are unable to engage the services of a clergyman, the Undertaker may officiate and offer the prayer. Stillborns are buried by the undertaker alone; it is unusual that any of the family attend the interment.

If remains are to be shipped, depart from the house, the funeral parlor or the church in time to reach the depot at least one hour before train time.

Where bodies are neither embalmed nor put on ice, keep in coolest place possible. Perhaps best is between two open windows, with the shades drawn down as far as needed; use a bleacher frequently over face and hands of the deceased. Where death resulted from a contagious disease, follow State regulations.

While the chief mourners are turning from the grave and the friends are still there, it is fitting that the Funeral Director, in behalf of the family, say a few words to their friends, expressing appreciation for their floral offerings and for their sympathy.

Let the entire funeral be conducted in a dignified and well-ordered manner, and you will have conferred a lasting favor upon those who required the need of your service. This is the best method of advertising which an Undertaker can employ, and is the stepping stone for sure success.

THE PUBLISHER.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 16 1941

Name of Deceased Neil Joseph Breslin M.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Hale Hotel Mission between 5-6 St. ☐Husband ☐Wife ☐Widow or.....of } Mary Breslin

Charge to Joseph Breslin Age of Husband or Wife (if living).....Years

Address 1735-42nd Ave S.F.

Order given by H. Neil C. Breslin (or informant)

How Secured 1707-McAllister Burkley, Insurance 30 days

If Veteran, State War Spanish American

Occupation Retired U.S.N. & E. Employee (Social Security Number)

Employer and Address .....

Date of Death June 16, 41 (Date) 1:45 P.M. (Hour)

Date of Birth Feb 3, 1873

Age 68 (Years) 4 (Months) 13 (Days)

Date of Funeral ..... (Date) (Day of Week) (Hour) M.

Services at Duggans S.F.

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace S.F. Cal.

Resided in the State Life (or U.S. or City or County) (Years) (Months)

Place of Death Burnsdale

Cause of Death Burns

Contributory Causes Home Burned

.....

Certifying Physician V. Schmidt (or Coroner)

His Address .....

Name of Father .....

His Birthplace Ireland

Maiden Name of Mother .....

Her Birthplace Ireland

Motor/~~Ship~~ } Remains to Duggans S.F.

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery/Crematory } Holy Cross S.F.

345 HP
6/3
S.F. C Co
#4R

Pebble Panel & Rd Pillow
Lined Stanwyx Pillow Set
353 3XO Spt Lac Handles

Order No.....
Date
Lot No.....
Grave No.....
Section No.....
Block No.....
Owner.....

Complete Funeral (except outlays)	$ 240	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ½ 120.00		
Taking Remains to no Bay 3		
Trip to Coroner's Inquest 2 60.00		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....:		
....line Death Notices in ..... Papers (Names of Newspapers)		
2 certified copies	2	—
Sales Tax	3	60
Total Footing of Bill	$ 245	60
Less	$ 12	—
Balance	$ 233	60
Entered into Ledger. page .....or below.		

Date		Amount Paid		Balance	
				$	
	By Payment	$		$	
	" "	$		$	
	" "	$		$	
	" "	$		$	
	" "	$		$	
	" "	$		$	
	" "	$		$	

Date		Amount Paid		Balance	
July 13 41	To Balance Forward	233	60	$	
	By Payment	$		$	
	" "	$		$	
	" "	$		$	
	" "	$		$	
	" "	$		$	
	" "	$		$	
	" "	$		$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

2

NERAL

Total No.....

Name of Deceased...John...

☒ Married ☐ Single

Residence...Stoneetta...

Charge to...Lonoma...

Address.....

Order given by...V...S...

How Secured.....

If Veteran, State War...

Occupation...Axeman...

Employer and Address...

Date of Death...June...

Date of Birth...Oct...

Age...45... (Years)

Date of Funeral...6/24... (Date)

Services at...Gran...

Clergyman...Rev...

Religion of the Deceas...

Birthplace...M...

Resided in the State...

Place of Death...Ka...

Cause of Death...due to injuries

Contributory Causes.....

.....

Certifying Physician...V...Silvercruise... (or Coroner)

His Address...Santa Rosa...

Name of Father...—

His Birthplace...—

Maiden Name of Mother...—

Her Birthplace...—

Motor / Ship } Remains to.....

Size of Casket...4/3...China... (State Color and Number)

Manufactured by...A. J. C. Co.

Cemetery / Crematory } Valley Cemetery

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

RECEIVED FROM Bates & Evans

No. 26 Aug 14 1941

Thirteen 70/100 DOLLARS

Property of John D. Alexander, dead

Account Total $

Amount Paid $

Balance Due $

"THE EFFICIENCY LINE"

Vernon Silvercruise Coroner

Entry...June 14...1941

...M...W...

...(What Race)

...Wife ☐ Widow } of ... Unknown

Age of Husband or Wife (if living).....Years

...eral (except outlays) agreed	$	35 —
...or Box (State Kind)		
...Body (Name of Embalmer)		
.....Hair Dressing, $		
...dy, $.....Underwear, $		
...s (State Kind and Color)		
.....Hose, $		
...airs, $.....Tarpaulin, $		
...um, $.....Candles, $		
...y, $.....Gloves, $		
...ar, $.....Ambulance, $		
...es to Cemetery.....@ $		
...mousines.....@ $		
...R. R. Station.....@ $		
...Remains from...½ = 17.50 3		
...Remains to		
...Coroner's Inquest.....5.25		
...ing Box to		
...Flowers to		
...val Charges		
...ring Burial Permit (State Number and District)		
...Copies of Death Certificates No.____ (State Physician's or Coroner's)		
...Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $.....Palms, $.....Matting, $		
Rental of Tent, $....of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $.....Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $.....Singers, $....Organist, $		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....:		
....line Death Notices in.....Papers (Names of Newspapers)		
Sales Tax		~~.60~~ .53
Total Footing of Bill	$	35 53
Less	$	
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Sisters							
Mrs Geo Handley	To Above Balance		Springfield Ill		To Balance Forward		$
Rt 5	By Payment	$	$	Claim filed Aug 2, 41	By Payment	$	$
Box 13	" "	$	$		" "	$	$
Tel to Mrs "Rose Bell		$	$	Aug 9 41 In full	" "	$	$ 35-53
832 Pitsing Ave		$	$		" "	$	$
Port Arthur, Texas		$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $.....Names of Lodges.....Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness.....

Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

S.F. Police D. # 5
Sacramento " # 2

RECO...L

Total No..... Yearly No...

Name of Deceased..... Joseph...
☐ Married ☐ Single ☐ Widowed

Residence..... Unknown...

Charge to..... Sonoma Co.....

Address.....

Order given by..... V. Silvershield
(or informant)

How Secured.....

If Veteran, State War.....

Occupation..... unk.....
(Social S...

Employer and Address.....

Date of Death. June 16/41 Found...
(Date)

Date of Birth.....

Age. about 60 yrs.....
(Years) (Months) (Da...

Date of Funeral. 6/27/41 June.....
(Date) (Day of Week)

Services at..... Grandell.....

Clergyman..... Rev. Perry.....
(Addres...

Religion of the Deceased.....

Birthplace..... Oregon.....

Resided in the State..... Unk...
(or U. S. or City or County) (Y...

Place of Death Sears Point near B...

Cause of Death..... Drowning.....

Contributory Causes. Auto plunge into Water.....

.....

Certifying Physician. V. Silvershield.....
(or Coroner)

His Address..... Sonoma.....

Name of Father.....

His Birthplace.....

Maiden Name of Mother.....

Her Birthplace.....

Motor / Ship } Remains to.....

Size of Casket. 42 Elbert.....
(State Color and Number)

Manufactured by.....

Cemetery / Crematory } .....

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Received from Ernest G. Evans
Eighteen and no/100---------- Dollars
For cash found on Joseph Casey, deceased
$18.00 9-12 1941
Vernon Silvershield
Coroner

...June 16.....19.41

...W...
(What Race)

Age of Husband or Wife (if living).....Years

...utlays).....	$	35 —
.....ate Kind)		
...e of Embalmer)		
...Dressing, $.....		
...Underwear, $.....		
...kind and Color)		
...se, $.....		
...rpaulin, $.....		
...ndles, $.....		
...oves, $.....		
...oulance, $.....		
...@ $.....		
...@ $.....		
...@ $.....		
2.....		17.50
.....		5.25
...e Number and District)		
...(State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $.....		
Gross Total for Sales Tax.....	$	
Outlay for Lot.....		
Cremation.....		
Flowers, $.....Palms, $.....Matting, $.....		
Rental of Tent, $....of Temporary Vault, $....		
Opening of Grave or Tomb.....		
Lining Grave, $.....Lowering Device, $.....		
Outlay for Shipping Charges.....		
Clergyman, $.....Singers, $....Organist, $.....		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $.....		
Telegr., Phone, Cable or Radio Charges.....		
Cash Advanced.....		
Out of town Undertaker's Charges.....		
Personal Service.....		
.....		
....line Death Notices in.....Papers.....		
(Names of Newspapers)		
.....		
Sales Tax.....		~~.13~~ .53
Total Footing of Bill.....	$	35 53
Less.....	$	
Balance.....	$	
Entered into Ledger, page.....or below.		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$	Aug 9/41	To Balance Forward		$ 35 53
Claim filed Aug 2, 41	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

2

ERAL

Total No..... Yearly No..... Entry..... June 14 1941

Name of Deceased John D. Alexander Unknown D. W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Stonettas Dairy ☐ Husband ☐ Wife ☐ Widow } Unknown

Charge to Sonoma County or..... of } Age of Husband or Wife (if living)..... Years

Address.....

Order given by V. Silvercheld (or informant)

How Secured.....

If Veteran, State War Unknown

Occupation Assistant Cook (Social Security Number)

Employer and Address.....

Date of Death June 14 41 1:00 PM (Date) (Hour)

Date of Birth Oct 22, 1895

Age 45 (Years) 7 (Months) 22 (Days)

Date of Funeral 6/24/41 (Date) Tues (Day of Week) 3:00 P.M. (Hour)

Services at Graceade

Clergyman Rev Perry (Address)

Religion of the Deceased —

Birthplace Michigan

Resided in the State ? (or U. S. or City or County) (Years) (Months)

Place of Death Highway - Town Sebastopol Cert.

Cause of Death Shock due to injuries

Contributory Causes.....

.....

Certifying Physician V. Silvercheld (or Coroner)

His Address Santa Rosa

Name of Father —

His Birthplace —

Maiden Name of Mother —

Her Birthplace —

Motor Ship } Remains to.....

Size of Casket 43 China (State Color and Number)

Manufactured by A. J. C. Co.

Cemetery Crematory } Valley Cemetery

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays) agreed	$ 35 —
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $..... Hair Dressing, $	
Dressing Body, $..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $..... Hose, $	
Folding Chairs, $..... Tarpaulin, $	
Candelabrum, $..... Candles, $	
Door Spray, $..... Gloves, $	
Funeral Car, $..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from 1/2 = 17.50 3	
Taking Remains to	
Trip to Coroner's Inquest 5.25.0	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, $.... Use of Chapel, $ (State Physician's or Coroner's)	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $..... Palms, $..... Matting, $	
Rental of Tent, $.... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $..... Singers, $.... Organist, $	
Railroad or Motor } Tickets, $..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service	
.....line Death Notices in ..... Papers (Names of Newspapers)	
Sales Tax	~~.40~~ .53
Total Footing of Bill	$ 35 53
Less	$
Balance	$
Entered into Ledger, page ..... or below.	

Date	Sisters	Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance				To Balance Forward		
Mrs Ged Handley	By Payment		Springfield Ill'		By Payment		
Rt 3 - Box 113	" "		Claim filed Aug 2, 41		" "		
Tel to Mrs "Rose Bell	" "				" "		
832 - Fitzing Ave	" "		Aug 9 41 In full		" "		35-53
Port Arthur, Texas	" "				" "		
	" "				" "		
	" "				" "		

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

S.F. Police D. # 5
Sacramento " " 2

RECO L

3

Total No..... Yearly No..... Date of Entry..... June 16 ..... 19 41

Name of Deceased..... Joseph Casey ..... W.
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence..... Unknown .....
☐Husband ☐Wife ☐Widow } .....
or..... of } Age of Husband or Wife (if living)..... Years

Charge to Sonoma Co.

Address.....

Order given by T. Silvershield
(or informant)

How Secured.....

If Veteran, State War.....

Occupation unk.
(Social Security Number)

Employer and Address.....

Date of Death June 16/41 (Date) Found 12:30 P.M. (Hour)

Date of Birth.....

Age about 60 yrs 0
(Years) (Months) (Days)

Date of Funeral 6/27/41 (Date) Fri (Day of Week) 3:0 (Hour) M.

Services at Gravesid

Clergyman Rev Perry. (Address)

Religion of the Deceased.....

Birthplace Oregon

Resided in the State unk
(or U. S. or City or County) (Years) (Months)

Place of Death Seals Point near Black Point Intersection

Cause of Death Drowning

Contributory Causes Auto plunge into water

.....

Certifying Physician T. Silvershield
(or Coroner)

His Address Petaluma

Name of Father.....

His Birthplace.....

Maiden Name of Mother.....

Her Birthplace.....

Motor Ship } Remains to.....

Size of Casket 42 Elbina
(State Color and Number)

Manufactured by.....

Cemetery Crematory } .....

Diagram of Lot or Vault

Lot No.....
Grave No.....
Section No.....
Block No.....
Owner.....

Complete Funeral (except outlays)	$	35 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ½ 17.50 3		
Taking Remains to		
Trip to Coroner's Inquest 5.25		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certified Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		~~1.75~~ 53
Total Footing of Bill	$	35 53
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$	Aug 9/41	To Balance Forward	$	$ 35 53
Claim filed Aug 2, 41	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

4

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 25 1941

Name of Deceased Gaetana Noli

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race) W.

Residence 1st St. East, Sonoma ☐Husband ☐Wife ☐Widow of ..... Guedilla

Charge to Misses Amelia & Josephine Camisasca Age of Husband or Wife (if living) ..... Years

Address 1801 Hyde St. S.F.

Order given by " "

(or informant)

How Secured Cash in American Trust

If Veteran, State War ..... Not

Occupation Laborer

(Social Security Number)

Employer and Address .....

Date of Death June 25, 41 (Date) 3:50 A.M. (Hour)

Date of Birth Oct. 28, 1855

Age 85 (Years) 7 (Months) 27 (Days)

Date of Funeral 6/27/41 (Date) Fri. (Day of Week) 9:30 A.M. (Hour)

Services at St. Francis

Clergyman ..... (Address)

Religion of the Deceased .....

Birthplace Italy

Resided in the State 30 (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co. Hospital

Cause of Death Cardiac Failure

Contributory Causes Arteriosclerotic Heart disease with auricular fibrillation

Cancer of prostate w/ bladder inv.

Certifying Physician Wm. J. Rudee M.D. (or Coroner)

His Address Sonoma Co. Hospital

Name of Father Giovanni Noli

His Birthplace Italy

Maiden Name of Mother Maria Cavisa

Her Birthplace Italy

Motor / Ship Remains to .....

Size of Casket .....

(State Color and Number)

Manufactured by .....

Cemetery / Crematory Sonoma Catholic

6/3 Number 519

ion LIFT CAP CASKET G.G.C.Co.

COV. SILVER ROSELLE - UPHOLSTERED

PILLOW SET I56 IVORY-SQ. SH. PILLOW

¼ DOZ. I962 ROM. SILVER HANDLES

Complete Funeral (except outlays)	$ 190	—
Casket		
Burial Vault or Box (State Kind)	10	—
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit ~~or Dress~~ ..... (State Kind and Color)	10	30
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ½ =	95.00	
Taking Remains to Bot.	10.00	
Trip to Coroner's Inquest Sut.	10.00	
Delivering Box to	11.50	
Deliver Flowers to	3.45.00	
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No.		
Pall Bearer Service, $ .... Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	12	50
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
....line Death Notices in Post Papers	2	58
(Names of Newspapers)		
Low-Mass	15	—
	3	75
Sales Tax		
Total Footing of Bill	$ 243	53
Less	$ 13	53
Balance	$ 230	00

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$	June 27, 41	To Balance Forward		$ 230 —
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 1 1941

Name of Deceased Mary C. Brown W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Fetters Springs ☐Husband ☒Wife ☐Widow } Douglas Brown

Charge to Douglas Brown or.....of } Age of Husband or Wife (if living).....Years

Address Sonoma State Home

Order given by.....
(or informant)

How Secured.....

If Veteran, State War.....

Occupation.....
(Social Security Number)

Employer and Address.....

Date of Death June 24, 41
(Date) (Hour)

Date of Birth.....

Age 38
(Years) (Months) (Days)

Date of Funeral 7/1/41 Tues 3:30 P.M.
(Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Valley of Moon Chapter #85 O.E.S.
(Address)

Religion of the Deceased.....

Birthplace.....

Resided in the State.....
(or U. S. or City or County) (Years) (Months)

Place of Death Mobile, Alabama

Cause of Death Auto accident

Contributory Causes.....

.....

Certifying Physician.....
(or Coroner)

His Address.....

Name of Father.....

His Birthplace.....

Maiden Name of Mother.....

Her Birthplace.....

Motor Ship } Remains to.....

Size of Casket.....
(State Color and Number)

Manufactured by.....

Cemetery Crematory } Mt. Cemetery

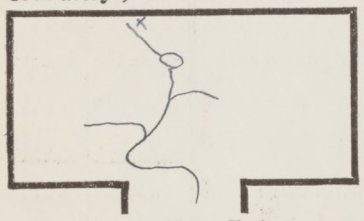


Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$		
Casket			
Burial Vault or Box (State Kind)			
Embalming Body (Name of Embalmer)			
Barber, $..... Hair Dressing, $			
Dressing Body, $..... Underwear, $			
Suit or Dress (State Kind and Color)			
Slippers, $..... Hose, $			
Folding Chairs, $..... Tarpaulin, $			
Candelabrum, $..... Candles, $			
Door Spray, $..... Gloves, $			2 50
Funeral Car, $..... Ambulance, $			
Limousines to Cemetery ..... @ $		10	—
Extra Limousines ..... @ $			
Autos to R. R. Station ..... @ $			
Getting Remains from			
Taking Remains to Hearse		10	—
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to		1	—
Removal Charges from Petaluma		10	—
Procuring Burial Permit J.E. Property (State Number and District)		1	—
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)			
Pall Bearer Service, $.... Use of Chapel, $			
Gross Total for Sales Tax	$		
Outlay for Lot			
Cremation			
Flowers, $..... Palms, $..... Matting, $			
Rental of Tent, $.... of Temporary Vault, $			
Opening of Grave or Tomb		20	—
Lining Grave, $..... Lowering Device, $		5	—
Outlay for Shipping Charges			
Clergyman, $..... Singers, $.... Organist, $			
Railroad or Motor } Tickets, $..... Aeroplane Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service.. + Chapel		15	—
+ 4 palls		4	—
....line Death Notices in S.C. papers		2	58
Grave marker		2	50
(Names of Newspapers)			
Gloves — 2.50			
marker 2.50			
5.00			
Sales Tax 3			
Total Footing of Bill Lot — 150.00	$	79	58
Less	$		
Balance	$		
Entered into Ledger, page.....or below.			

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$	July 3, 41	By Payment	$	$ 50 —
	" "	$	$	Sept 16, 41	" Dr Jack	$	$ 29 58
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

6

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 2 1941

Name of Deceased Raymond Manuel W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Broadway St. Sonoma ☒Husband ☐Wife ☐Widow Amelia

or.....of Age of Husband or Wife (if living).....Years

Charge to.....

Address.....

Order given by..... (or informant)

How Secured.....

If Veteran, State War.....

Occupation Horse shoer

(Social Security Number)

Employer and Address.....

Date of Death July 2 41 (Date) (Hour)

Date of Birth.....

Age..... (Years) (Months) (Days)

Date of Funeral 7/5/41 (Date) Sat. (Day of Week) 2:00 P.M. (Hour)

Services at Chapel

Clergyman Rev. Boren (Address)

Religion of the Deceased.....

Birthplace Sonoma

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co. Hospital

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician..... (or Coroner)

His Address.....

Name of Father.....

His Birthplace.....

Maiden Name of Mother.....

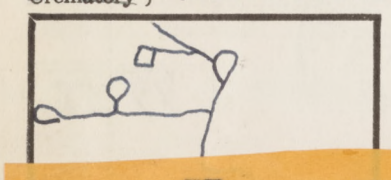
Her Birthplace.....

Motor / Ship Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by.....

Cemetery / ~~Crematory~~ Mountain



Lot No.....

Grave No.....

Section No.....

Complete Funeral (except outlays)	$	130 —
Casket		
Burial Vault or Box (State Kind)		10 —
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 1/2 — 65.00		
Taking Remains to Bay 10.00		
Trip to Coroner's Inquest 75.00 3		
Delivering Box to Sat 225.00		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		1 —
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		18 —
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad / Motor Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....line Death Notices in Press Papers (Names of Newspapers)		2 58
Sales Tax		
Total Footing of Bill	$	161 58
Less Sales Tax	$	2 25
Balance	$	
Entered into Ledger, page.....or below.		163 83

CASKET No. 37 Size 6/3 Date

COVERING Shade #3 Silver American Cal. C. Co

DESCRIPTION Cut top.

Balance			Date		Amount Paid	Balance
			July 8	To Balance Forward		$ 60 —
			Dec. 13	By Payment	$	$ 15 —
			Aug 1, 42	" "	$	$ 10 —
			Feb. 23, 42	" "	$	$ 25 —
				" "	$	$
				" "	$	$
				" "	$	$
				" "	$	$

May 15 46 " Letter

Aug 12 47 " 1/ "

Jan 6 48 " 1/ "

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No.............. Yearly No.............. Date of Entry July 3 19 41

Name of Deceased Margaret Erickson ... W. (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence London Dide ... ☐ Husband ☒ Wife ☐ Widow or ... of } Clifford

Age of Husband or Wife (if living).......Years

Charge to Cliff Erickson

Address Sonoma.

Order given by " (or informant)

How Secured..............

If Veteran, State War..............

Occupation attendant none (Social Security Number)

Employer and Address Sonoma State Home

Date of Death 7/3/41 (Date) 7: P.M. (Hour)

Date of Birth Mar. 1, 1901

Age 40 (Years) 4 (Months) 2 (Days)

Date of Funeral 7/5/41 (Date) Sat (Day of Week) 3:30 P. M. (Hour)

Services at Chapel

Clergyman ~~Rev. Doren~~ Father Mentast (Address)

Religion of the Deceased Catholic

Birthplace New Port News, Virginia

Resided in the State 22 (or U. S. or City or County) (Years) (Months)

Place of Death Burndale

Cause of Death Myocardial failure

Contributory Causes Broncho Pneumonia

....

Certifying Physician A.K. McGrath (or Coroner)

His Address Sonoma

Name of Father Frank Ashworth

His Birthplace Beaver, Utah

Maiden Name of Mother Mary A. McKeon

Her Birthplace Halley Penn.

~~Motor~~ Ship } Remains to Forrest Lawn, Glendale

Size of Casket.............. (State Color and Number)

Manufactured by..............

Cemetery ~~Crematory~~ } Forrest Lawn, Glendale Calif.

Lot No..............

Grave No..............

Section No..............

Complete Funeral (except outlays) $	325	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $.... Hair Dressing, $		
Dressing Body, $.... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $.... Hose, $		
Folding Chairs, $.... Tarpaulin, $		
Candelabrum, $.... Candles, $		
Door Spray, $.... Gloves, $		
Funeral Car, $.... Ambulance, $		
Limousines to Cemetery .... @ $		
Extra Limousines .... @ $		
Autos to R. R. Station .... @ $		
Getting Remains from ½ = 162.50		
Taking Remains to Box 15.00		
Trip to Coroner's Inquest $177.50		
Delivering Box to 3		
Deliver Flowers to Tax $5.3250		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot		
Cremation		
Flowers, $.... Palms, $.... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $.... Lowering Device, $		
Outlay for Shipping Charges abt 30.00	30	—
Clergyman, $.... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $.... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Priest	5	—
....line Death Notices in Total Papers (Names of Newspapers)	2	58
Sales Tax		
Total Footing of Bill $	377	58
Less $	17	20
Balance $	360	38

Entered into Ledger, page .... or below.

Casket No.	9618	Order No.	513
Size	6/6	Date	8/13/40
Covering	#272	SF. CC	
Description	Flesh Trim Banner of Stanwyx Chinelle Fringe B & BP to match 1800B 3X1 AS Handles		

Date			Amount Paid		Balance	
		To Balance Forward			$	
July 28	41	By Payment In full	$360.	38	$	
		" "	$		$	
		" "	$		$	
		" "	$		$	
		" "	$		$	
		" "	$		$	
		" "	$		$	

Insurance $.............. Names of Lodges.............. Insurance Companies..............

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .... days from date. Interest to accrue from maturity at the rate of ....% per annum.

Signed..............

Witness.............. Address..............

Compiled by F. J. FEINEMAN, St. Louis, Mo.

8

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 5 1941

Name of Deceased Bloss Keechler

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W.

Residence R.F.D. Sonoma Bx 565 ☒Husband ☐Wife ☐Widow } Lily

Charge to Lily Keechler or.....of } Age of Husband or Wife (if living) 42 Years

Address R.F.D. Sonoma Bx 565

Order given by " (or informant)

How Secured

If Veteran, State War —

Occupation Farmer (Social Security Number)

Employer and Address

Date of Death 7/5/41 11:30 A.M. (Date) (Hour)

Date of Birth April 23, 1880

Age 61 (Years) 2 (Months) 12 (Days)

Date of Funeral 7/7/41 (Date) Mon (Day of Week) 10 A.M. (Hour)

Services at St. Francis Church

Clergyman (Address)

Religion of the Deceased

Birthplace Napa Cal

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Near Sonoma

Cause of Death

Contributory Causes

Certifying Physician C. B. Andrews (or Coroner)

His Address Sonoma

Name of Father Bloss Keechler

His Birthplace Switzerland

Maiden Name of Mother Caroline Kiser

Her Birthplace Ind

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Sonoma Catholic

Lot No.

Grave No.

Section No.

Block No.

Casket No. 345 HP Order

Size 6/3 Date 6

S.F.C. Co

Covering 4 R new #238 DRK gray

Complete Funeral (except outlays)	$ 280 —
Casket	
Burial Vault or Box (State Kind)	10 —
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from ..... 1/2 —	140.00
Taking Remains to ..... Bx	10.00
Trip to Coroner's Inquest	150.00
Delivering Box to	4.50
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot 3 grave @ 10	30 —
Cremation	
Flowers, $ ..... Palms, $ .... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	12 50
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad / Motor } Tickets, $ ..... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service	
Dem & Rep	2 00
....line Death Notices in Local Papers	2 58
Argus Courier	2 25
Sun Mass (Names of Newspapers)	1 5 —
Sales Tax	4 50
Total Footing of Bill	$ 358 83
Less	$ 14 50
Balance	$ 344 33
Entered into Ledger, page .....or below.	

Balance	Date		Amount Paid	Balance
		To Balance Forward		
	July 29 41	By Payment	$	$
		" In full	$ 344 33	
		" "		
		" "		
		" "		
		" "		
		" "		

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 6 1941

Name of Deceased Elgivia E. Vernon White

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Near Valley Cemetery, Sonoma ☐Husband ☒Wife ☐Widow } Richard W.

Charge to Richard Vernon Jr. or..... .....of } Age of Husband or Wife (if living) 84 Years

Address Boyes Springs

Order given by..... (or informant)

How Secured.....

If Veteran, State War —

Occupation Housewife (Social Security Number)

Employer and Address.....

Date of Death July 6 (Date) 11:00 P.M. (Hour)

Date of Birth May 14, 1859

Age 82 (Years) 1 (Months) 22 (Days)

Date of Funeral 7/9/41 (Date) Wed. (Day of Week) 2 P.M. (Hour)

Services at Bates & Evans Chapel

Clergyman Rev. Ray Sonoma (Address)

Religion of the Deceased.....

Birthplace Bentonville, Arkansas

Resided in the State 30 yrs. (or U. S. or City or County) (Years) (Months)

Place of Death Near Sonoma

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Allen K. McIsrael (or Coroner)

His Address Sonoma

Name of Father John Lieb

His Birthplace Illinois

Maiden Name of Mother Elizabeth Baker

Her Birthplace Unknown

Motor Ship } Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by.....

Cemetery Crematory } Mt. Cemetery

Lot No.....

Grave No.....

Section No.....

Block No.....

Complete Funeral (except outlays)	$ 280 —
Casket	
Burial Vault or Box (State Kind)	10 —
Embalming Body (Name of Embalmer)	
Barber, $..... Hair Dressing, $	
Dressing Body, $..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $..... Hose, $	
Folding Chairs, $..... Tarpaulin, $	
Candelabrum, $..... Candles, $	
Door Spray, $..... Gloves, $	
Funeral Car, $..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from 1/2 = 140.00	
Taking Remains to 1/2 = 10.00	
Trip to Coroner's Inquest 150.00	
Delivering Box to 3	
Deliver Flowers to J.H. # 4.50 00	
Removal Charges	
Procuring Burial Permit	6 —
___Certif. Copies of Death Certificates No.___ (State Number and District) (State Physician's or Coroner's)	
Pall Bearer Service, $.... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot #2 Roots	2 —
Cremation	
Flowers, $..... Palms, $..... Matting, $	
Rental of Tent, $.... of Temporary Vault, $	
Opening of Grave or Tomb	18 —
Lining Grave, $..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $..... Singers, $.... Organist, $	
Railroad or Motor } Tickets, $..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service	
....line Death Notices in Poet Papers	2 50
Ker Ray (Names of Newspapers)	5 —
Mrs. Grunstead	5 —
Sales Tax	4 50
Total Footing of Bill	$ 333 08
Less	$ 14 50
Balance	$ 318 58

Entered into Ledger, page.....or below.

6/3 Number 2604/524

n HINGED CAP HALF-COUCH CASKET

COV. 229 SILVER G.G.C.Co.

INT. I620 IVORY BROCADE

I SET 320-3x0 ROM. SILVER EX

Date		Amount Paid	Balance
July 14-41	To Balance Forward		$ 100 —
July 6-41	By Payment		$ 218 58
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

10

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 10 19 41

Name of Deceased Infant Daughter of James & Mary Jensen

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Stillbirth ☐Husband ☐Wife ☐Widow } Single

or..... .....of } Age of Husband or Wife (if living).....Years

Charge to: James Jensen

Address. Healdsburg Rt 2 Box 149

Order given by. James Jensen (or Informant)

How Secured.....

If Veteran, State War.....

Occupation..... (Social Security Number)

Employer and Address.....

Date of Death. July - Unk. - 1941 (Date) (Hour)

Date of Birth. July 10, 41

Age. Stillbirth (Years) (Months) (Days)

Date of Funeral. 7/11/41 Fri. 4 P. M. (Date) (Day of Week) (Hour)

Services at. Graceada

Clergyman. Ted Holt (Address)

Religion of the Deceased.....

Birthplace General Hospital - Santa Rosa

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death General Hospital

Cause of Death. Unknown

Contributory Causes.....

.....

Certifying Physician Cuthbert Florence (or Coroner)

His Address. Santa Rosa

Name of Father. James Jensen

His Birthplace. Pt Arena, Cal.

Maiden Name of Mother Mary Beebe

Her Birthplace. Woodland, Cal.

Motor Ship } Remains to.....

Size of Casket. 7-0 Wht. L. Lk. Flat Top (State Color and Number)

Manufactured by. S.F.C.Co.

Cemetery Crematory } Sonoma Mt.

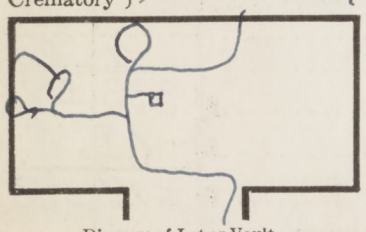

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	
Casket		
Burial Vault or Box No charge (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit. No charge (State Number and District)		
___Certif. Copies of Death Certificates No. 7 (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		7 —
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service. Minister		2 50
....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	10 00
Less	$	
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Aug 4-41	" In full	$ 10.00	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 13 1941

Name of Deceased Henry Charles Karst W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Wood Valley (What Race)

Charge to Mrs Heida Karst ☑ Husband ☐ Wife ☐ Widow of Heida Karst

Address Wood Valley Age of Husband or Wife (if living) 50 Years

Order given by Phillip, Marion, Mrs Nambro (or informant)

How Secured Discounted

If Veteran, State War

Occupation Retired Truck Driver (Social Security Number)

Employer and Address

Date of Death July 13, 41 (Date) 10: a M (Hour)

Date of Birth Dec 21, 1871

Age 69 (Years) 6 (Months) 22 (Days)

Date of Funeral 7/15/41 (Date) Tues (Day of Week) 10 A M (Hour)

Services at Chapel

Clergyman Rev Ray (Address)

Religion of the Deceased

Birthplace Fondelac, Wisconsin

Resided in the State 35 (or U. S. or City or County) (Years) (Months)

Place of Death Home Wood Valley

Cause of Death A. Cardiac Dilitation

Contributory Causes Chr. myocarditis Chr. endocarditis

Certifying Physician C. J. Tennerty (or Coroner)

His Address Sonoma

Name of Father Jacob Karst

His Birthplace — Germany

Maiden Name of Mother Marion Kemp

Her Birthplace — Germany

Motor / Ship Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory Chapel of Chimes & Rose

6/3 Number 519

tion LIFT CAP CASKET-COV. SILVER ROSELLE

UPHOLSTERED P. F. C. Co.

PILLOW SET I56 IVORY-SQ. SH. PILLOW

¼ DOZ. I962 ROM. SILVER HANDLES

Complete Funeral (except outlays)	$ 200 —
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ... Hair Dressing, $	
Dressing Body, $ ... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ... Hose, $	
Folding Chairs, $ ... Tarpaulin, $	
Candelabrum, $ ... Candles, $	
Door Spray, $ ... Gloves, $	
Funeral Car, $ ... Ambulance, $	
Limousines to Cemetery ... @ $	
Extra Limousines ... @ $	
Autos to R. R. Station ... @ $	
Getting Remains from ½ = 100.00 3	
Taking Remains to	
Trip to Coroner's Inquest 3.0000	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)	
Pall Bearer Service, $ ... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	45 —
Flowers, $ ... Palms, $ ... Matting, $	
Rental of Tent, $ ... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ... Singers, $ ... Organist, $	
Railroad / or Motor Tickets, $ ... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service Rev Ray	5 —
... line Death Notices in ... Papers (Names of Newspapers)	
Sales Tax	3 —
Total Footing of Bill	$ 253
Less 5% $200.00 $10.00	$ 10
Balance	$ 243 —
Entered into Ledger, page ... or below.	

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
July 16, 41	To Balance Forward	80 —	$
July 16 41	By Payment J. Sell	163	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed ...

Witness ... Address ...

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 18 1941

Name of Deceased Robert H. Smith

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W.

Residence 605 - 1st St. West ☒Husband ☐Wife ☐Widow } Clara Smith

Charge to Mrs. Clara Monahan Smith or..... .....of } Age of Husband or Wife (if living) 70 Years

Address Sonoma

Order given by " (or informant)

How Secured

If Veteran, State War ....

Occupation Retired Grocer (Social Security Number)

Employer and Address

Date of Death July 18, 41 (Date) 12:50 P.M. (Hour)

Date of Birth

Age 68 (Years) (Months) (Days)

Date of Funeral 7/19/41 (Date) Sat (Day of Week) 9:30 A.M. (Hour)

Services at St. Francis

Clergyman (Address)

Religion of the Deceased

Birthplace Canada

Resided in the State 67. (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma 605 - 1st St. West

Cause of Death

Contributory Causes

Certifying Physician C. B. Andrews (or Coroner)

His Address Sonoma

Name of Father Daniel Smith

His Birthplace Canada

Maiden Name of Mother

Her Birthplace

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery ~~Crematory~~ } Sonoma, Catholic Cemetery

Complete Funeral (except outlays)	$	170 —
Casket		
Burial Vault or Box (State Kind)		10 —
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $ 1/2 = 85.00		
Door Spray, $ ... Gloves, $ 1.00 10.00		
Funeral Car, $ ... Ambulance, $ 95.00 3		
Limousines to Cemetery ... @ $ 28.50 0		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from 1/2 = ~~135.00~~		
Taking Remains to ~~1.00~~ ~~10.00~~		
Trip to Coroner's Inquest ~~1.45.00~~ 3		
Delivering Box to		
Deliver Flowers to ~~4.35.00~~ 1		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 2 graves @ 12.50		25 —
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		12 50
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced Flowers		15 —
Out of town Undertaker's Charges		
Personal Service		
... line Death Notices in ... Papers (Names of Newspapers)		
Sales Tax		2 85
Total Footing of Bill	$	235 35
Less	$	9 —
Balance	$	224 35

Entered into Ledger, page ... or below.

CASKET No. 37 **Size** 6/3 **Date** 5

COVERING Shade #3 Silver American Crepe Cal. C. Co.

DESCRIPTION 5 1/3 Yds. #1349 white lining
1/4 Doz. #403 Spartan handles.
Trim complete.

		By Payment	$		$			Aug	11, 41	To Balance Forward		$	200 —
		" "	$		$			Aug	15	By Payment	$	$	10 —
		" "	$		$			Aug	25	" "	$	$	10 —
		" "	$		$			Sept	3	" "	$	$	14 35
		" "	$		$					" "	$	$	
		" "	$		$					" "	$	$	In full —
		" "	$		$					" "	$	$	
		" "	$		$					" "	$	$	

Insurance $ ... Names of Lodges ... Insurance Companies ...

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed ...

Witness ... Address ...

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Mrs. Myrtle Mechalis
Colinga, Calif.

Total No. ..... Y ..... ly 19 41

Name of Deceased ..... W.
☐ Married ☐ Single (What Race)

Residence Near Col ..... ded

Charge to Mrs. Belle ..... sband or Wife (if living) ..... Years

Address 148 Sunset Av

Order given by .....

How Secured $135 Insu (or in) ..... lmer)

If Veteran, State War ..... ng, $

Occupation Retired Constable (Social Security Number)

Employer and Address .....

Date of Death 7/19/41 (Date) 12:45 P.M. (Hour)

Date of Birth 7/27/1872

Age 68 (Years) 11 (Months) 22 (Days)

Date of Funeral 7/24/41 (Date) Mon. (Day of Week) 10:30 A.M. (Hour)

Services at Chapel

Clergyman Rev Champlain (Address)

Religion of the Deceased .....

Birthplace S. F. Calif. (or U. S. or City or County)

Resided in the State Fifty (Years) (Months)

Place of Death Emerald Drive Cal Vernon

Cause of Death Gunshot wound in head

Contributory Causes .....

.....

Certifying Physician V. C. Silversteen (or Coroner)

His Address 1 Road

Name of Father .....

His Birthplace Calif.

Maiden Name of Mother .....

Her Birthplace .....

Motor / Ship } Remains to .....

Size of Casket 6/3 #37 Cotton G. A. (State Color and Number)

Manufactured by C. C. Co.

Cemetery / Crematory } J. Rose Chapel of Chimes

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Dressing Body, $ ..... Underwear, $		
Suit or Dress ..... (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ..... 1/2 = 3	10.00	
Taking Remains to		
Trip to Coroner's Inquest	2.10	0
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit ..... (State Number and District)		
Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot		
Cremation	45	—
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Rev Champlain	3	
line Death Notices in Papers	2	58
(Names of Newspapers)		
.....		
Sales Tax	2	10
Total Footing of Bill ..... $	194	68
Less ..... $		
Balance ..... $		

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
	To Above Balance		$
Aug 2'41	By Payment Check	$113 05	$
Statement	Mailed to Myrtle Mechalis		
	" Nov 18, 1942 By request		
	" "		
	" "		
	" "		
	" "		

Date		Amount Paid	Balance
Aug 2,41	To Balance Forward	113 05	$ 113 05
Sept 19 41	By Payment	$ 10 00	$
Dec 16 41	" "	$ 5 00	$
Jan 19 42	" "	$ 5 00	$
Mar 2 42	" "	$ 5 00	$ 58 63
April 10, 42	" "	$ 5	$
Dec 5, 42	" Insurance	$ 51 63	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

12

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 18 1941

Name of Deceased Robert W. Smith W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 605 - 1st St. West ☒Husband ☐Wife ☐Widow } Clara Smith

Charge to Mrs. Clara Monahan Smith or..... .....of } Age of Husband or Wife (if living) 70 Years

Address Sonoma

Order given by " (or informant)

How Secured

If Veteran, State War No.

Occupation Retired Grocer (Social Security Number)

Employer and Address

Date of Death July 18, 41 (Date) 12:50 A.M. (Hour)

Date of Birth

Age 68 (Years) (Months) (Days)

Date of Funeral 7/19/41 (Date) Sat (Day of Week) 9:30 A.M. (Hour)

Services at St. Francis

Clergyman (Address)

Religion of the Deceased

Birthplace Canada

Resided in the State 67. (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma 605 - 1st St. West

Cause of Death

Contributory Causes

Certifying Physician C. B. Andrews (or Coroner)

His Address Sonoma

Name of Father Daniel Smith

His Birthplace Canada

Maiden Name of Mother

Her Birthplace

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery ~~Crematory~~ } Sonoma Catholic Cemetery

Complete Funeral (except outlays)	$ 170 —
Casket	
Burial Vault or Box (State Kind)	10 —
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $ 1/2 = 85.00	
Door Spray, $ ..... Gloves, $ Pall 10.00	
Funeral Car, $ ..... Ambulance, $ 95.00 3	
Limousines to Cemetery ..... @ $ 2.85.00	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from ..... 1/2 = 135.00	
Taking Remains to ..... Pall 10.00	
Trip to Coroner's Inquest 145.00 3	
Delivering Box to	
Deliver Flowers to 4.35.00	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot 2 graves @ 12.50	25 —
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	12 50
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced Flowers	15 —
Out of town Undertaker's Charges	
Personal Service	
....line Death Notices in ..... Papers (Names of Newspapers)	
Sales Tax	2 85
Total Footing of Bill	$ 235 35
Less	$ 9 —
Balance	$ 224 35

Entered into Ledger, page ..... or below.

CASKET No. 37 **Size** 6/3 **Date** 5

COVERING Shade #3 Silver American Crepe Cal. C. Co.

DESCRIPTION 5 1/3 Yds. #1349 white lining
1/4 Doz. #403 Spartan handles.
Trim complete.

						Date		Amount Paid	Balance
						Aug 11, 41	To Balance Forward		$ 200 —
		By Payment	$	$		Aug 15	By Payment	$	$ 10 —
		" "	$	$		Aug 25	" "	$	$ 10 —
		" "	$	$		Sept 3	" "	$	$ 4 35
		" "	$	$			" "	$	$
		" "	$	$			" "	In full	$
		" "	$	$			" "	$	$
		" "	$	$			" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Total No..... Yearly No..... Date of Entry July 1 1941

Name of Deceased George A. Jasper W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Near El Verano ☐Husband ☐Wife ☒Widow } Fred

Charge to Mrs. Belle Jackson or..... .....of } Age of Husband or Wife (if living).....Years

Address 148 Sunset Ave, S. Rosa

Order given by.....

How Secured (or informant) Ins.. Insurance

If Veteran, State War ..... No

Occupation Retired Constable (Social Security Number)

Employer and Address .....

Date of Death 7/1/41 (Date) Found 12:45 P.M. (Hour)

Date of Birth 7/27/1872

Age 68 (Years) 11 (Months) 22 (Days)

Date of Funeral 7/2/41 (Date) Mon. (Day of Week) 10:30 A.M. (Hour)

Services at Chapel

Clergyman Rev Champlain (Address)

Religion of the Deceased .....

Birthplace U.S.A. Calif.

Resided in the State Fifty (or U. S. or City or County) (Years) (Months)

Place of Death Rincon Drug Co. El Verano

Cause of Death Gunshot wound in head

Contributory Causes.....

.....

Certifying Physician V. C. Silversmith (or Coroner)

His Address S. Rosa

Name of Father .....

His Birthplace Calif.

Maiden Name of Mother .....

Her Birthplace .....

Motor Ship } Remains to .....

Size of Casket 6/3 #37 Cotton G. A. (State Color and Number)

Manufactured by C. C. Co.

Cemetery Crematory } S. Rosa Chapel of Chimes

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	140 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 1/2 ..... 70.00		
Taking Remains to 3		
Trip to Coroner's Inquest 21.00		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45 —
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev. Champlain		35 —
line Death Notices in Press Papers (Names of Newspapers)		2 58
Sales Tax		2 10
Total Footing of Bill	$	194 68
Less	$	
Balance	$	

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance
	To Above Balance	$	$
Aug 2 '41	By Payment Check	$ 113 05	$
Statement Mailed to Mrs. Belle Nicholas			
Nov 18, 1942	By request		
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
Aug 2, 41	To Balance Forward	$ 113 05	$ ~~113 05~~
Sept 19 41	By Payment	$ 10 00	$
Dec 16 41	" "	$ 5 00	$
Jan 19 42	" "	$ 5 00	$
Mar 2, 42	" "	$ 5 00	$ 58 63
April 10, 42	" "	$ 5	$
Dec 5, 42	" " In full	$ 51 63	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

14

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 20 1941

Name of Deceased Cornelia Dodson White
(What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Myrtle Ave Bayes Hot Springs, Cal ☐ Husband ☒ Wife ☐ Widow or ..... of Daniel M. Dodson
Age of Husband or Wife (if living)..... Years

Charge to Daniel M. Dodson

Address P.O. Box 132 - Bayes Springs

Order given by " "
(or informant)

How Secured

If Veteran, State War None

Occupation Housewife
(Social Security Number)

Employer and Address

Date of Death July 20-41 (Date) 6 P.M. (Hour)

Date of Birth Jan. 17 - 1868

Age 73 (Years) 6 (Months) 3 (Days)

Date of Funeral 7-23-41 (Date) Wed. (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev. Richard Bay (Address)

Religion of the Deceased Prot.

Birthplace De Calb Co. Illinois

Resided in the State 8 (or U. S. or City or County) (Years) (Months)

Place of Death Myrtle Ave; Bayes Springs

Cause of Death Ac. Cardiac Dilitation

Contributory Causes Chronic Rheumatic Endocarditis

Certifying Physician E. J. Finnerty (or Coroner)

His Address Sonoma, Cal.

Name of Father Gelbert Kinne

His Birthplace Syracuse New York

Maiden Name of Mother Ethelinda Post

Her Birthplace Malone, New York

Motor Ship } Remains to

Size of Casket 6/3 No. 519 Silver Roselle (State Color and Number)

Manufactured by S. Gate Co.

Cemetery ~~Crematory~~ } Mt. Com. Sonoma

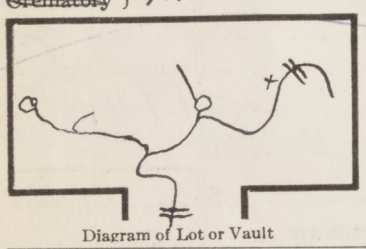


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 190	00
Casket		
Burial Vault or Box (State Kind)	10	—
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ½ =	95 00	
Taking Remains to ~~Bay~~	10 00	
Trip to Coroner's Inquest	105 00	
Delivering Box to		
Deliver Flowers to	21 50 00	
Removal Charges		
Procuring Burial Permit (State Number and District)	6	—
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 1 post	1	—
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb —	18	
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Rev. R. Ray	5	—
....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax	3	15
Total Footing of Bill	$ 233	15
Less	$ 10	—
Balance	$ 223	15

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$	Aug 7, 41	To Balance Forward		$ 223 15
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 29 1941

Name of Deceased Infant Son of Oliver + Sarah Croy white

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence.....

☐Husband ☐Wife ☐Widow } .....
or..... .....of } Age of Husband or Wife (if living).....Years

Charge to Oliver Croy

Address B# 122 - Boyce Springs, Farris Resort

Order given by..... (or informant)

How Secured.....

If Veteran, State War.....

Occupation..... (Social Security Number)

Employer and Address.....

Date of Death 7/29/41 11:55 A.M. (Date) (Hour)

Date of Birth 7/29/41

Age 10 Hrs (Years) (Months) (Days)

Date of Funeral 7/29/41 Tues 4:30 P.M. (Date) (Day of Week) (Hour)

Services at Graveside Mt.

Clergyman Rev Ray (Address)

Religion of the Deceased.....

Birthplace Burndale Hospital

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Burndale

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician E. J. Finnerty (or Coroner)

His Address Burnsville

Name of Father Oliver Croy

His Birthplace Oklahoma

Maiden Name of Mother Sarah Hawley

Her Birthplace Virginia

Motor Ship } Remains to.....

Size of Casket 2/0 Stillborn (State Color and Number)

Manufactured by.....

Cemetery Crematory } Mt. Cem.

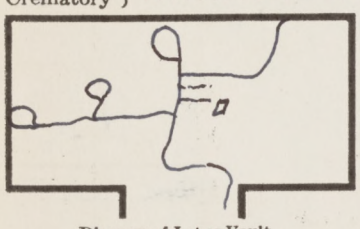


Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	
Casket agreed		15 —
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 1/2 = 6.50 3		
Taking Remains to		
Trip to Coroner's Inquest 1.19.50		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No.		
Pall Bearer Service, $..... Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		7 —
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....line Death Notices in..... Papers (Names of Newspapers)		
Sales Tax		20
Total Footing of Bill	$	20.00
Less	$	
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$	Aug 1, 41	To Balance Forward	$ 5 —	$
	By Payment	$	$	Jan 10, 42	By Payment Jim Sill	$	$ 15 — 00
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

16

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 31 1944

Name of Deceased Wilhelmina Marie Monson W

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence R.F.D. Box 435 Sonoma ☐ Husband ☒ Wife ☐ Widow of Ivar Monson

Charge to: Ivar Monson Age of Husband or Wife (if living)..... Years

Address.....

Order given by Reinhart + Norbet + Ivar (or infor...

How Secured.....

If Veteran, State War.....

Occupation Housewife

Employer and Address.....

Date of Death 7/31/44

Date of Birth Mar 19 (Date)

Age 49 (Years) (Months)

Date of Funeral 8/2/44 (Date) (Day of W...

Services at Chapel

Clergyman Rev. Farla...

Religion of the Deceased.....

Birthplace Aland, Sw...

Resided in the State..... (or U. S. or City or...

Place of Death Vidora Hos...

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician..... (or C...

His Address Sonoma

Name of Father Gustave...

His Birthplace Aland, Sw...

Maiden Name of Mother Emm...

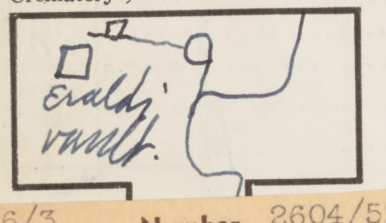
Her Birthplace Aland, Sw...

Motor Ship } Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by.....

Cemetery Crematory } Mt. Sonoma



Lot No.....

Grave No.....

Section No.....

Block No.....

Complete Funeral (except outlays)	$ 280 —
Casket	
Burial Vault or Box	10 —
...r)	
..., $	
...ar, $	
...r)	
...$	
...$	
...40	
...10	
...50.00	
...50.00	
...	1 —
...nd District) No.	
...Coroner's	
...apel, $	
... $	
...	2 —
...ing, $	
...ault, $	20 —
...ice, $	
...nist, $	
...vice, $	
...es	
Out of town Undertaker's Charges	
Personal Service Rev. Farlander	5 —
...line Death Notices in ...Papers	
2 times S.F. Examiner (Names of Newspapers)	9 —
Sold	2 5-8
Mrs. Grunstead	5 —
	4 50
Sales Tax	
Total Footing of Bill	$ 339 08
Less	$ 14 50
Balance	$ 324 58

Entered into Ledger, page .....or below.

GOLDEN GATE CASKET CO.

"Quality brings profits"

14 OTIS STREET . . SAN FRANCISCO

At 12th and Mission Sts.

July 31 1944

I the undersigned husband of Wilhelmina M. Monson do hereby grant permission to Dr. C. B. Andrews to perform an autopsy on her remains.

signed I. Monson

Tel. MArket 4252

6/3 Number 2604/524

on HINGED CAP HALF-COUCH CASKET

COV. 229 SILVER G.G.C.Co

INT. I620 IVORY BROCADE

I SET 320-3x0 ROMAN SILVER EX

Statement			Paid	Balance	Date
		Reinhart	$	$	Aug 8, 41
		" "	$	$	
		" "	$	$	
		" "	$	$	

	Amount Paid	Balance
To Balance Forward	$	$ 324 58
By Payment	$	$
" "	$	$
" "	$	$
" "	$	$
" "	$	$
" "	$	$
" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 26 1941

Name of Deceased Thomas Thompson W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Near Boyes Springs ☐Husband ☐Wife ☐Widow } Unknown
or.....of } Age of Husband or Wife (if living).....Years

Charge to Sonoma Co.

Address.....

Order given by V. Silvershield (or informant)

How Secured.....

If Veteran, State War.....

Occupation..... (Social Security Number)

Employer and Address.....

Date of Death July 26, 41 (Date) Found 7.50 (Hour) P.M.

Date of Birth.....

Age about 75 yrs (Years) (Months) (Days)

Date of Funeral 7/31/41 (Date) Thurs (Day of Week) 9.9 (Hour) A.M.

Services at Chapel

Clergyman Rev Perry (Address)

Religion of the Deceased.....

Birthplace.....

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Boyes Springs Res Dyed Home

Cause of Death Arteriosclerotic cardiovascular disease

Contributory Causes.....

.....

Certifying Physician V. Silvershield (or Coroner)

His Address.....

Name of Father.....

His Birthplace.....

Maiden Name of Mother.....

Her Birthplace.....

Motor Ship } Remains to.....

Size of Casket 6/3 China (State Color and Number)

Manufactured by.....

Cemetery Crematory } Sonoma Valley

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	35 —
Casket No. 824		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ½ = 17.50		
Taking Remains to 3		
Trip to Coroner's Inquest 5.2.50		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No.		
Pall Bearer Service, $.... Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....		
....line Death Notices in.....Papers (Names of Newspapers)		
.....		
.....		52
Sales Tax		35 52
Total Footing of Bill	$	
Less	$	
Balance	$	
Entered into Ledger, page.....or below.		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Claim filed July 26, 41	To Above Balance	$	$	Aug 9, 41	To Balance Forward	$	$ 35 52
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

16

RE[CORD OF FUNERAL]

Total No. .... Yearly ... 31 ... 1941

Name of Deceased Wilhelm[ina Marie Monson] ... W. (What Race)

☒ Married ☐ Single ☐

Residence R.F.D. Bx 43 ... Sonoma ... Husband: Ivar Monson ... or Wife (if living) ... Years

Charge to: Ivar Monson

Address ...

Order given by Reinhart & N[ewman] (or infor[mant])

How Secured ...

If Veteran, State War —

Occupation Hsewife

Employer and Address —

Date of Death 7/31/41 (Date)

Date of Birth Mar 1? ...

Age 49 (Years) 4 (Months) (Days)

Date of Funeral 8/2/41 (Date) Sat (Day of Week) 2 P. M. (Hour)

Services at Chapel

Clergyman Rev. Farlander (Address) S. Rosa

Religion of the Deceased ...

Birthplace Oland, Sweden

Resided in the State 31 (or U. S. or City or County) (Years) (Months)

Place of Death Victory Hospital Napa

Cause of Death ...

Contributory Causes ...

Certifying Physician C. R. Andrews (or Coroner)

His Address Sonoma

Name of Father Gustave Rohman

His Birthplace Oland, Sweden

Maiden Name of Mother Emma —

Her Birthplace Oland, Sweden

Motor / Ship } Remains to ...

Size of Casket ... (State Color and Number)

Manufactured by ...

Cemetery / Crematory } Mt. Sonoma

Complete Funeral [...]	$ 280 —
Chapel ...	
Burial Vault or Box ...	10 —
... $ ...	
... r, $ ...	
Limousines to Cemetery ... @ $	
Extra Limousines ... @ $	
Autos to R. R. Station ... @ $	
Getting Remains from ½ = 140	
Taking Remains to Bx 10	
Trip to Coroner's Inquest 150.00 3	
Delivering Box to	
Deliver Flowers to 450.00	
Removal Charges	
Procuring Burial Permit	1 —
Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax ... $	
Outlay for Lot 2 Posts	2 —
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	20 —
Lining Grave, $ ...... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad or Motor } Tickets, $ .... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service Rev. Farlander	5 —
.... line Death Notices in .... Papers 2 times S. F. Examiner (Names of Newspapers)	9 —
Posted	2 58
Mrs Trinstead	5 —
	4 50
Sales Tax	
Total Footing of Bill $	339 08
Less $	14 50
Balance $	324 58
Entered into Ledger, page ...... or below.	

Lot No. ...

Grave No. ...

Section No. ...

Block No. ...

(Sketch: Evalds vault)

6/3 Number 2604/524

HINGED CAP HALF-COUCH CASKET

COV. 229 SILVER G.G.C.Co

INT. 1620 IVORY BROCADE

I SET 320-3x0 ROMAN SILVER EX

Date		Paid	Balance	Date		Amount Paid	Balance
			$	Aug 29, 41	To Balance Forward In full		324 58
			$		By Payment	$	$
			$		" "	$	$
			$		" "	$	$
Statement:	Reinhart:	Aug 8, 41			" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ .... Names of Lodges .... Insurance Companies ....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .... days from date. Interest to accrue from maturity at the rate of .... % per annum.

Signed ....

Witness .... Address ....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 26 1941

Name of Deceased Thomas Thompson W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Near Boyce Springs ☐Husband ☐Wife ☐Widow } Unknown

Charge to Sonoma Co. or.....of } Age of Husband or Wife (if living).....Years

Address.....

Order given by V. Silvershield (or informant)

How Secured.....

If Veteran, State War.....

Occupation..... (Social Security Number)

Employer and Address.....

Date of Death July 26 41 (Date) Found 7.50 A.M. (Hour)

Date of Birth.....

Age about 75 yrs (Years) (Months) (Days)

Date of Funeral 7/31/41 (Date) Thurs (Day of Week) 9.9 A.M. (Hour)

Services at Chapel

Clergyman Rev Perry (Address)

Religion of the Deceased.....

Birthplace.....

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Boyce Springs Res Dyed Home

Cause of Death Arteriosclerotic cardiovascular disease

Contributory Causes.....

.....

Certifying Physician V. Silvershield (or Coroner)

His Address.....

Name of Father.....

His Birthplace.....

Maiden Name of Mother.....

Her Birthplace.....

Motor Ship } Remains to.....

Size of Casket 6/3 China (State Color and Number)

Manufactured by.....

Cemetery Crematory } Sonoma Valley

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	35	—
Casket No Bill			
Burial Vault or Box (State Kind)			
Embalming Body (Name of Embalmer)			
Barber, $..... Hair Dressing, $			
Dressing Body, $..... Underwear, $			
Suit or Dress (State Kind and Color)			
Slippers, $..... Hose, $			
Folding Chairs, $..... Tarpaulin, $			
Candelabrum, $..... Candles, $			
Door Spray, $..... Gloves, $			
Funeral Car, $..... Ambulance, $			
Limousines to Cemetery ..... @ $			
Extra Limousines ..... @ $			
Autos to R. R. Station ..... @ $			
Getting Remains from ½ = 17.50			
Taking Remains to 3			
Trip to Coroner's Inquest 5.2.50			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit (State Number and District)			
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)			
Pall Bearer Service, $..... Use of Chapel, $			
Gross Total for Sales Tax	$		
Outlay for Lot			
Cremation			
Flowers, $..... Palms, $..... Matting, $			
Rental of Tent, $..... of Temporary Vault, $			
Opening of Grave or Tomb			
Lining Grave, $..... Lowering Device, $			
Outlay for Shipping Charges			
Clergyman, $..... Singers, $..... Organist, $			
Railroad or Motor } Tickets, $..... Aeroplane Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service			
.....			
.....line Death Notices in..... Papers (Names of Newspapers)			
Sales Tax			52
Total Footing of Bill	$	35	52
Less	$		
Balance	$		

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Claim filed Aug 2, 41	To Above Balance	$	$	Aug 9, 41	To Balance Forward	$	$ 35 52
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

18

RECORD OF FUNERAL

Total No.......... Yearly No.......... Date of Entry *Aug 11* 19*41*

Name of Deceased *Wm J. Minkel* (What Race) *W*

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence *El Verano* — ☒Husband ☐Wife ☐Widow or ... of *Ella F. Minkel* Age of Husband or Wife (if living) ..... Years

Charge to *Ella F. Minkel*

Address *El Verano*

Order given by *"* (or Informant)

How Secured *W. O. W. Insurance* *$2000*

If Veteran, State War *—*

Occupation *Carpenter* *none* (Social Security Number)

Employer and Address *—*

Date of Death *8/11/41* (Date) *5: a.m.* (Hour)

Date of Birth *July 30, 1868*

Age *73* (Years) *—* (Months) *11* (Days)

Date of Funeral *8/13/41* (Date) *Wed.* (Day of Week) *2: P.* M. (Hour)

Services at *Chapel*

Clergyman *Rev. Ray* (Address)

Religion of the Deceased *—*

Birthplace *Attica New York*

Resided in the State *55* (or U. S. or City or County) (Years) (Months)

Place of Death *Sonoma ave. at 1st St. El Verano*

Cause of Death *Ac. cardiac dilitation*

Contributory Causes *Pernicious Anaemia*

Certifying Physician *E. J. Finnerty* (or Coroner)

His Address *Sonoma*

Name of Father *John Minkel*

His Birthplace *— Germany*

Maiden Name of Mother *—*

Her Birthplace *— Germany*

Motor / Ship } Remains to

Size of Casket *Low 3 Pan. Am Crepe ext* (State Color and Number)

Manufactured by *C. Casket Co.*

Cemetery / Crematory } *Mt. Cem*

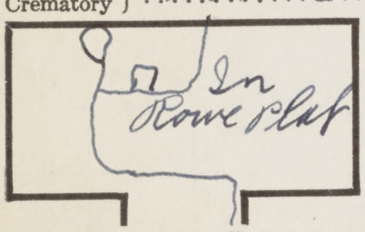


Diagram of Lot or Vault

Lot No.......... Grave No.......... Section No.......... Block No.......... Owner..........

Item	$	¢
Complete Funeral (except outlays)	170	—
Casket		
Burial Vault or Box (State Kind)	10	—
Embalming Body (Name of Embalmer)		
Barber, $.... Hair Dressing, $....		
Dressing Body, $.... Underwear, $....		
Suit or Dress (State Kind and Color)		
Slippers, $.... Hose, $....		
Folding Chairs, $.... Tarpaulin, $....		
Candelabrum, $.... Candles, $....		
Door Spray, $.... Gloves, $....		
Funeral Car, $.... Ambulance, $....		
Limousines to Cemetery .... @ $....		
Extra Limousines .... @ $....		
Autos to R. R. Station .... @ $....		
Getting Remains from *1/2 = 135.00*		
Taking Remains to *Box 10.00*		
Trip to Coroner's Inquest *145.00* *3*		
Delivering Box to		
Deliver Flowers to *43.500*		
Removal Charges		
Procuring Burial Permit	6	—
Cert. Copies of Death Certificates No. (State Number and District)		
Pall Bearer Service, $.... Use of Chapel, $.... (State Physician's or Coroner's)		
Gross Total for Sales Tax $		
Outlay for Lot		
Cremation		
Flowers, $.... Palms, $.... Matting, $....		
Rental of Tent, $.... of Temporary Vault, $....		
Opening of Grave or Tomb	25	—
Lining Grave, $.... Lowering Device, $....		
Outlay for Shipping Charges		
Clergyman, $.... Singers, $.... Organist, $....		
Railroad or Motor } Tickets, $.... Aero-plane Service, $....		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service *Rev. Ray themselves*		
.... line Death Notices in *P.T.* Papers	3	60
Oak Tribune	4	00
Index Tribune (Names of Newspapers)	2	58
	2	85
Sales Tax		
Total Footing of Bill $	224	03
Less $	9	—
Balance $	215	03

Entered into Ledger, page ..... or below.

Date			Amount Paid		Balance		Date			Amount Paid		Balance	
		To Above Balance			$ *Sept 6, 41*				To Balance Forward *In full*			215	03
		By Payment	$		$				By Payment	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	

Insurance $.......... Names of Lodges.......... Insurance Companies..........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .... days from date. Interest to accrue from maturity at the rate of .... % per annum.

Signed..........

Witness.......... Address..........

Compiled by F. J. FEINEMAN, St. Louis, Mo.

MARGIN RESERVED FOR BINDING

CASKE
COVER
DESCR
squa
1 Se
Ext.
Trim

RECORD OF FUNERAL

19

Total No..... Yearly No..... Date of Entry Aug 11 1941

Name of Deceased John Walter W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 2408 - Bryant St. S.F. ☐Husband ☐Wife ☐Widow } Single

Charge to V. Silvershield or.....of } Age of Husband or Wife (if living).....Years

Address Santa Rosa

Complete Funeral (except outlays)..... $ 315 —

Form 5

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

Read Instructions on Back.

VITAL STATISTICS

1. FULL NAME John Walter — DISTRICT NO. ____ REGISTRAR'S NO. ____

2. PLACE OF DEATH: (A) COUNTY Sonoma

(B) CITY OR TOWN Kenwood IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL

(C) NAME OF HOSPITAL OR INSTITUTION Bohler ranch opposite Lumber School

IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET NUMBER OR LOCATION

(D) LENGTH OF STAY: (SPECIFY WHETHER YEARS, MONTHS OR DAYS)

IN HOSPITAL OR INSTITUTION

IN THIS COMMUNITY 10 Days IN CALIFORNIA Unknown

(E) IF FOREIGN BORN, HOW LONG IN THE U. S. A.? Unknown YEARS

3. USUAL RESIDENCE OF DECEASED:

(A) STATE California

(B) COUNTY San Francisco

(C) CITY OR TOWN San Francisco IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL

(D) STREET NO. 2408 - Bryant St

20. DATE OF DEATH: MONTH August DAY 11

YEAR 1941 HOUR Found 7:00 P.M. MINUTE

3. (E) IF VETERAN, NAME OF WAR Unknown

3. (F) SOCIAL SECURITY NO. Unknown

4. SEX Male

5. COLOR OR RACE White

6. (A) SINGLE, MARRIED, WIDOWED OR DIVORCED Single

6. (B) NAME OF HUSBAND OR WIFE

6. (C) AGE OF HUSBAND OR WIFE IF ALIVE ____ YEARS

7. BIRTHDATE OF DECEASED ____ MONTH ____ DAY ____ YEAR

8. AGE 67 YRS. ____ MOS. ____ DAYS IF LESS THAN ONE DAY OLD ____ HRS. ____ MIN.

9. BIRTHPLACE Germany

10. USUAL OCCUPATION Retired Unknown

11. INDUSTRY OR BUSINESS Unknown

FATHER 12. NAME Unknown

13. BIRTHPLACE Unknown

MOTHER 14. MAIDEN NAME Unknown

15. BIRTHPLACE Unknown

16. (A) INFORMANT Naturalization Certificate

(B) ADDRESS

17. (A) Cremation (B) DATE 8/10/41

BURIAL, CREMATION OR REMOVAL

(C) PLACE Chapel of Chimes Santa Rosa

18. (A) EMBALMER'S SIGNATURE Rose A. Lyon LICENSE No. 2402

(B) FUNERAL DIRECTOR Paton & Evans

ADDRESS Sonoma, Calif.

BY Ernest A. Evans

19. (A) ____ DATE FILED (B) ____ REGISTRAR'S SIGNATURE

21. MEDICAL CERTIFICATE

I HEREBY CERTIFY, THAT I ATTENDED THE DECEASED

FROM ____ 19____

TO ____ 19____;

THAT I LAST SAW H____ ALIVE

ON ____ 19____

AND THAT DEATH OCCURRED ON THE DATE AND HOUR STATED ABOVE.

22. CORONER'S CERTIFICATE

I HEREBY CERTIFY, THAT I HELD AN Autopsy & Investigation AUTOPSY, INQUEST OR INVESTIGATION

ON THE REMAINS OF THE DECEASED AND FIND FROM SUCH ACTION THAT DECEASED CAME TO H is DEATH ON THE DATE AND HOUR STATED ABOVE.

IMMEDIATE CAUSE OF DEATH Pulmonary embolism with hemorrhagic infarction — DURATION

DUE TO of Lung

DUE TO

OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN THREE MONTHS OF DEATH)

MAJOR FINDINGS: OF OPERATIONS ____ DATE OF OPERATION ____

OF AUTOPSY 8/12/41 Dr. A. E. Brunk

PHYSICIAN UNDERLINE THE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY

23. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:

(A) ACCIDENT, SUICIDE, OR HOMICIDE? ____ (B) DATE OF INJURY ____

(C) WHERE DID INJURY OCCUR? ____ CITY OR TOWN ____ COUNTY ____ STATE

(D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, OR IN PUBLIC PLACE? ____ SPECIFY TYPE OF PLACE ____ WHILE AT WORK? ____

(E) MEANS OF INJURY ____

24. CORONER'S OR ~~PHYSICIAN'S~~ SIGNATURE (SPECIFY WHICH) Vernon Silvershield

ADDRESS Santa Rosa, Calif DATE 8/13/41

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

U. S. DEPT. OF COMMERCE
BUREAU OF THE CENSUS

~~Cemetery~~ Crematory } Chapel of Chimes S. Rosa

CASKET No. 46 Size 6/6 Date 6/19/41

COVERING Shade #64 Cedar Tioga

C. C. Co

DESCRIPTION Hinged cap of #1431 Peachtan ballet
square pillow set
1 Set #973-H Spartan shaded to match 3x0
Ext. handles
Trim complete.

To V. Silvershield 10/7/41

(Names of Newspapers) S. F. Examiner 2 38

2 70

4 73

Sales Tax .....

Total Footing of Bill ..... $ 399 31

Less ..... $

Balance ..... $

Entered into Ledger, page ..... or below.

Date		Amount Paid		Balance	
Oct 16, 41	To Balance Forward	$ 399	31	$	
	By Payment	$		$	
	" "	$		$	
	" "	$		$	
	" "	$		$	
	" "	$		$	
	" "	$		$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

INSTRUCTIONS

(1) **Write with unfading black or blue-black ink. No other inks are acceptable.** Certificates may be clearly ty
should be carefully supplied.

(2) Age should be stated **exactly.** If definite date of birth is not known, the age should be stated **as nearly as possible.**

(3) This certificate must bear the actual signatures of the physician or coroner, the person filing the certificate for the funeral hom

(4) **Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits may be kn
made in this section for every person aged 10 years or over. If the deceased has retired from business, the occupation prior to retirement shou
not gainfully employed may be returned as **at school** or **at home.** For a woman whose only occupation was that of home housework, the entry s
For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family,**
For a person who had no occupation the entry should be **none.**
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. The particular kind of work done sho
clearly as **spinner, weaver,** etc.
In stating the industry or business the use of such general terms as "store," "factory," "mill," etc., should be avoided. The particular kind of store, factory,
etc., should be stated as **grocery store, soap factory, cotton mill,** etc.
The different kinds of engineers should be carefully distinguished by giving the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer,**
stationary engineer, etc. The term "laborer" should be avoided when a more precise statement of the occupation can be secured. The word "mechanic" should not
be used but the exact occupation, as **carpenter, painter, machinist,** etc. A careful distinction should be made between **retail merchants** and **wholesale merchants.**
The term "clerk" without qualification, should always be avoided. A person who sells goods should be called a **salesman.** A stenographer, typist, accountant, book-
keeper, cashier, etc., should be reported as such, **never as a "clerk."**

(5) **Physician's Statement of Cause of Death.**—The morbid conditions relating to death are divided on the certificate into two groups. In Group I are those
related to the "Immediate Cause" of death, and in Group II, those not causally related thereto. In most cases a statement of cause under Group I will suffice. Detailed
certification is not desired, the entry of a single cause being preferable in all cases where this can be regarded as adequate (see Example 1), but where the physician finds
it necessary to record more than one cause it is important that these be stated in the position provided on the form as indicative of their mutual relationship. This
information is sought so that the selection of the cause for tabulation may be made in the light of the certifier's viewpoint:—

(*a*) Name first the "Immediate Cause" of death, *i.e.*, the disease, injury or complication which caused death (not mode of dying or terminal condition).
(*b*) Then give other **morbid conditions** (if any) of which it was the consequence, in order of causal relationship (due to) stating the most recent one first and
then others in order.
(*c*) Entries under Group II should be reserved for "other important contributory morbid conditions" in those instances particularly in which death was due to a
combination of maladies, none of which would have been fatal alone. In such cases the physician's judgment alone can afford guidance to the tabulator.
(*d*) Use always accepted terms for morbid conditions and never record mere symptoms.
(*e*) **Maternal Deaths.**—Qualify all diseases resulting from childbirth, miscarriage or abortion by the word "Puerperal," *e.g.*, puerperal septicæmia. Distinguish
between septicæmia originating in abortion and in childbirth.
(*f*) **Cancer.—In all cases the organ or part first affected should be specified.**
(*g*) **Violent Deaths.**—Coroners, medical examiners and physicians who certify to deaths from violent causes should always clearly indicate the fundamental
distinction of whether the death was due to **accident, suicide** or **homicide,** and then state the manner and nature of injury. The circumstances of each
accident should be stated as fully as possible, *e.g.*, an **automobile accident** should always be designated as such.

The following examples illustrate the essential principles in the use of the form.

I	Example 1	Example 2	Example 3	Example 4	Example 5
Immediate Cause Morbid Conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	(*a*) Lobar pneumonia (*b*) due to — (*c*) due to —	(*a*) Pulmonary tuberculosis (*b*) due to — (*c*) due to —	(*a*) Acute peritonitis (*b*) due to Acute appendicitis (*c*) due to —	(*a*) Bronchopneumonia (*b*) due to Operation (*c*) due to Strangulated inguinal hernia	(*a*) Uræmia (*b*) due to Chronic nephritis (*c*) due to —
II Other morbid conditions (if important) contributing to death but not causally related to immediate cause.	II —	II —	II —	II Chronic interstitial nephritis	II Chronic bronchitis

99057 4-41 100M STATE PRINTING OFFICE

18

Total No

Nam

Resid

Charge t

Address....

Order given by

How Secured W..

If Veteran, State War

Occupation ..... Ch'y

Employer and Address .....

Date of Death ... 8/11/41 (Date)

Date of Birth ...... July 3

Age .... 73 (Years) — (Months)

Date of Funeral 8/13/41 (Date) Wed. (Day of Week)

Services at .... Chapel

Clergyman .... Rev. Ray. (Address)

Religion of the Deceased ....

Birthplace .. Attica New York.

Resided in the State .... 55 (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Ave. at 1st St.

Cause of Death Ac. cardiac dilitation

Contributory Causes Pernicious Anaemia

....

Certifying Physician E. J. Finnerty (or Coroner)

His Address .. Sonoma.

Name of Father ... John Minkel

His Birthplace — Germany.

Maiden Name of Mother ... —

Her Birthplace .... — Germany.

Motor / Ship } Remains to ....

Size of Casket Low 3 Pan. Am Cyp. oct (State Color and Number)

Manufactured by .. C. Casket Co.

Cemetery / Crematory } Mt. Cem

In Rowe plot

Diagram of Lot or Vault

Lot No. ....

Grave No. ....

Section No. ....

Block No. ....

Owner ....

Pall

Gross T

Outlay for

Cremation

Flowers, $

Rental of Tent, $ ... nt, $ ....

Opening of Grave ... 25 —

Lining Grave, $ .... Device, $ ....

Outlay for Shipping Charges ....

Clergyman,$.....Singers,$....Organist,$ ....

Railroad / or Motor } Tickets, $ .... Aero-plane Service,$ ....

Telegr., Phone, Cable or Radio Charges ....

Cash Advanced ....

Out of town Undertaker's Charges ....

Personal Service ....

.... Rev Ray themselves.

....line Death Notices in O.T. Papers 3 60

.... Oak Tribune 4 00

(Names of Newspapers) Index Tribune 2 58

.... 2 85

Sales Tax ....

Total Footing of Bill .... $ 224 03

Less .... $ 9 —

Balance .... $ 215 03

Entered into Ledger, page ......or below.

Date			Amount Paid		Balance		Date			Amount Paid		Balance	
		To Above Balance			$ Sept		6, 41		In full To Balance Forward			$ 215	03
		By Payment	$		$				By Payment	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	

Insurance $ .... Names of Lodges .... Insurance Companies ....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .... days from date. Interest to accrue from

maturity at the rate of ....% per annum.

Signed ....

Witness .... Address ....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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19

RECORD OF FUNERAL

Total No. .... Yearly No. .... Date of Entry Aug 11 1941

Name of Deceased John Walter W.

Married / Single / Widowed / Divorced (What Race)

Residence 2408 Bryant St. S.F. — Husband / Wife / Widow or ... of ... single — Age of Husband or Wife (if living) ... Years

V. Silvershield

Santa Rosa

Ordered by " " (or informant)

Insured $400 In will

Veteran, State War unk.

Occupation Retired unknown (Social Security Number)

Employer and Address —

Date of Death Aug 11. 41 Found 7:15 P.M. (Date) (Hour)

Date of Birth —

Age 67 (Years) (Months) (Days)

Date of Funeral 8/15/41 Fri 1:15 P.M. (Date) (Day of Week) (Hour)

Services at chapel

Clergyman Rev. Perry (Address)

Religion of the Deceased —

Birthplace Germany

Resided in the State unk (or U. S. or City or County) (Years) (Months)

Place of Death Behler Ranch

Cause of Death ....

Contributory Causes ....

Certifying Physician V. Silvershield (or Coroner)

His Address Santa Rosa

Name of Father —

His Birthplace —

Maiden Name of Mother —

Her Birthplace —

Motor / Ship } Remains to ....

Size of Casket .... (State Color and Number)

Manufactured by ....

Cemetery / Crematory } Chapel of Chimes S. Road

Complete Funeral (except outlays) $	315 —
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ... Hair Dressing, $	
Dressing Body, $ ... Underwear, $	1 50
Suit or Dress + tax (State Kind and Color)	10 30
Slippers, $ ... Hose, $	
Folding Chairs, $ ... Tarpaulin, $	
Candelabrum, $ ... Candles, $	
Door Spray, $ ... Gloves, $	
Funeral Car, $ ... Ambulance, $	
Limousines to Cemetery ... @ $	
Extra Limousines ... @ $	
Autos to R. R. Station ... @ $	
Getting Remains from 1/2 157.50	
Taking Remains to Suit 10.00	
Trip to Coroner's Inquest Underwear 1.50	
Delivering Box to 169.00	
Deliver Flowers to 3	
Removal Charges 507.00	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ ... Use of Chapel, $	
Gross Total for Sales Tax $	
Outlay for Lot	
Cremation	45 —
Flowers, $7.50 Palms, $ ... Matting, $	7 50
Rental of Tent, $ ... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ... Singers, $ ... Organist, $	
Railroad or Motor } Tickets, $ ... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service Rev. Perry	5 —
Mrs. Grinstead	5 —
... line Death Notices in ... Papers Index Tribune (Names of Newspapers)	2 58
S.F. Examiner	2 70
	4 73
Sales Tax	
Total Footing of Bill $	399 31
Less $	
Balance $	

Entered into Ledger, page ... or below.

CASKET No. 46 Size 6/6 Date 6/19/41

COVERING Shade #64 Cedar Tioga

C.C.Co

DESCRIPTION Hinged cap of #1431 Peachtan ballet square pillow set
1 Set #973-H Spartan shaded to match 3x0
Ext. handles
Trim complete.

			Date		Amount Paid	Balance
70. Silvershield	10/7/41	$	Oct. 16, 41 In full	To Balance Forward	399 31	$
" "	$	$		By Payment	$	$
" "	$	$		" "	$	$
" "	$	$		" "	$	$
" "	$	$		" "	$	$
" "	$	$		" "	$	$
" "	$	$		" "	$	$

Insurance $ .... Names of Lodges .... Insurance Companies ....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .... days from date. Interest to accrue from maturity at the rate of .... % per annum.

Signed ....

Witness .... Address ....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Aug 13 19 41

Name of Deceased Nicoli Alasaari M.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Olive at Grove St. El Verano ☑ Husband ☐ Wife ☐ Widow } Aurora

or..... of } Age of Husband or Wife (if living) 50 Years

Charge to Aurora Alasaari

Address P.O. Bx 213 El Verano

Order given by " "
(or informant)

How Secured

If Veteran, State War none

Occupation Retired Tailor
(Social Security Number)

Employer and Address

Date of Death Aug 13 41 (Date) 8:45 P.M. (Hour)

Date of Birth Sept 24, 1868

Age 72 (Years) 10 (Months) 19 (Days)

Date of Funeral 8/16/41 (Date) Sat. (Day of Week) 2:30 P.M. (Hour)

Services at Chapel

Clergyman Rev Perry (Address)

Religion of the Deceased

Birthplace Finland

Resided in the State 35 (U.S. or City or County) (Years) (Months)

Place of Death El Verano

Cause of Death Arteriosclerotic Heart Disease

Contributory Causes

Certifying Physician V. Silverchield (or Coroner)

His Address Santa Rosa

Name of Father Isaac Alasaari

His Birthplace Finland

Maiden Name of Mother Mary

Her Birthplace Finland

Motor Ship } Remains to

Size of Casket #37 G.C. Cut top (State Color and Number)

Manufactured by Ed C. Co.

Cemetery Crematory } Mt. Home

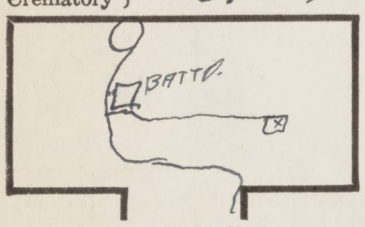


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 140	—
Casket		
Burial Vault or Box (State Kind)	10	
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from ½	10.00	
Taking Remains to Rd	10.00	
Trip to Coroner's Inquest	8.00	
Delivering Box to		
Deliver Flowers to 24	5.00	
Removal Charges		
Procuring Burial Permit (State Number and District)	6	—
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 4 Pcls	4	—
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb	15	—
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev Perry	5	—
Mrs. Grindstead	5	—
line Death Notices in ... Papers		
S.F. Chronicle	3 60	
(Names of Newspapers) Index Tribune	2 58	
Sales Tax	2 40	
Total Footing of Bill	$ 193 58	
Less 5% on 150 00	$ 7 50	
Balance	$ 186 08	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
Statement Sept 6 41	By Payment	$	$		By Payment	$	$
	" "	$	$	Sept 10-41	In full	$ 186 08	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Aug 26 1941

Name of Deceased Joseph Boyd Small W.
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Sonoma ☒Husband ☐Wife ☐Widow of Emma Small

Charge to Mrs Emma Small Age of Husband or Wife (if living).....Years

Address Sonoma

Order given by Mrs Bulotti & Mrs Kerner (or informant)

How Secured Cash

If Veteran, State War None

Occupation Retired Carpenter (Social Security Number)

Employer and Address

Date of Death Aug 26/41 9:15 P.M. (Date) (Hour)

Date of Birth July 12, 1853

Age 87 (Years) 1 (Months) 14 (Days)

Date of Funeral 8/29/41 (Date) Fri (Day of Week) 9:30 A.M. (Hour)

Services at Chapel

Clergyman (Address)

Religion of the Deceased

Birthplace Baltimore, Md.

Resided in the State 75 (or U. S. or City or County) (Years) (Months)

Place of Death East Napa St. (Home)

Cause of Death

Contributory Causes

Certifying Physician A. E. M. Gault (or Coroner)

His Address Sonoma

Name of Father John Small

His Birthplace Belfast Ireland

Maiden Name of Mother Mary Gallagher

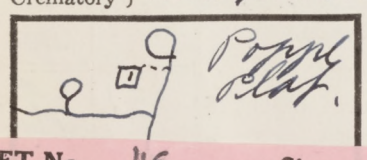
Her Birthplace Ireland

Motor / Ship Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory Mt. Hermosa



Lot No.

Grave No.

Section No.

Complete Funeral (except outlays)	$	315 —
Casket		
Burial Vault or Box (State Kind)		10 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from Napa		15.50
Taking Remains to Mt		10.00
Trip to Coroner's Inquest		167.50
Delivering Box to		
Deliver Flowers to		5025.0
Removal Charges		
Procuring Burial Permit (State Number and District)		1 —
Certif. Copies of Death Certificates No.		
Pall Bearer Service, $ .... Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		17 —
Lining Grave, $ Lowering Devices		1 —
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
D.W. Mares		15 —
....line Death Notices in Papers		2 58
(Names of Newspapers)		
Sales Tax		5 03
Total Footing of Bill	$	366 61
Less 5% on $525	$	16 25
Balance	$	350 36

Entered into Ledger, page ..... or below.

Agreed not over $350.00

CASKET No. 46 **Size** 6/3 **Date** 8/13

COVERING Shade #64 Cedar Tioga C. C. Co

DESCRIPTION Regular hinged cap and square pillow set #1431 peach ballet. 1 Set #973-H Spartan shaded to match 3x0 Ext. handles.

	Date		Amount Paid	Balance
		To Balance Forward		$
		By Payment	$	$
	9-24-41	In full	$350 00	$ —
		" "	$	$
		" "	$	$
Statement sent Sept 8, 41		" "	$	$
		" "	$	$
		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Aug 28 1941

Name of Deceased Michael Selch Sr.

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Lower Broadway ☑ Husband ☐ Wife ☐ Widow or ..... of Elva Selch (What Race)

Age of Husband or Wife (if living) ..... Years

Charge to Wife

Address R. F. D. Box 217

Order given by " (or informant)

How Secured

If Veteran, State War —

Occupation Retired Miner (Social Security Number)

Employer and Address

Date of Death Aug 28 41 (Date) 7:05 A.M. (Hour)

Date of Birth Jan 29 1873

Age 68 (Years) 6 (Months) 29 (Days)

Date of Funeral 9/2/41 (Date) Tues (Day of Week) 9:30 A.M. (Hour)

Services at St Francis

Clergyman (Address)

Religion of the Deceased

Birthplace

Resided in the State 25 (or U. S. or City or County) (Years) (Months)

Place of Death Lower Broadway (Home)

Cause of Death

Contributory Causes

Certifying Physician C. B. Andrews (or Coroner)

His Address Leonard

Name of Father —

His Birthplace Germany

Maiden Name of Mother —

Her Birthplace Germany

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Holy Cross All Wood

Lot No.

Grave No.

Section No.

Block No.

Complete Funeral (except outlays)	$ 325	—
Casket		
Burial Vault or Box none (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ... 1/2 ... 16.50		
Taking Remains to ... 3		
Trip to Coroner's Inquest ... 4. 8. 7. 5. 0.		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Low Mass	15	—
....line Death Notices in Pa. Papers	2	58
Examiner (Names of Newspapers)	4	23
Sales Tax	4	88
Total Footing of Bill	$ 351	69
Less	$ 32	94
Balance	$ 318	75

...into Ledger, page ..... or below.

CASKET No. 46 Size 6/3 Date 8/27/41

COVERING Shade #64 Cedar Tioga C. C. Co

DESCRIPTION Regular hinged cap and square pillow set #1431 Peach Ballet

1 Set #973H Spartan (shaded to match) 3x0 Ext. handles

			Amount Paid	Balance
		To Balance Forward		$
		By Payment	$	$
		Oct. 6 -41	$ 318.75	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$

Sept 12, 45 Requests Statement to Mrs Selch

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness .....

Signed .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Aug 27 1941

Name of Deceased William Neave W –

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Sonoma ☐Husband ☐Wife ☒Widow } Amy

Charge to Mrs Annie Murphy or ..... of } Age of Husband or Wife (if living) ..... Years

Address 1239 Seneca St; Buffalo N.Y.

Order given by ..... (or informant)

How Secured U.S. Vet.

If Veteran, State War Philippine Insurrection

Occupation Fireman (Social Security Number)

Employer and Address .....

Date of Death Aug 27 41 (Date) 3:35 P.M. (Hour)

Date of Birth Aug 3, 1873

Age 68 (Years) (Months) 24 (Days)

Date of Funeral 9/2/41 (Date) Tues (Day of Week) 10:30 A.M. (Hour)

Services at St Francis

Clergyman ..... (Address)

Religion of the Deceased .....

Birthplace Buffalo N.Y.

Resided in the State ..... (or U. S. or City or County) 35 (Years) ..... (Months)

Place of Death Vets. Administration Sonoma

Cause of Death Carcinoma Pancreas with obstructive jaundice

Contributory Causes .....

.....

Certifying Physician C.J. Smith Ch. Med. Officer (or Coroner)

His Address Vets. Adm'n. Sonoma

Name of Father John Neave

His Birthplace England

Maiden Name of Mother Annie Becker

Her Birthplace .....

Motor Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery Crematory } Mt. Sonoma

Complete Funeral (except outlays)	$	
Casket agreed		25 42
Burial Vault or Box (State Kind)		10 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from Sonoma		10 —
Taking Remains to		
Trip to Coroner's Inquest 1/2 = 12.72		
Delivering Box to Mt. 10.00		
Deliver Flowers to 22.72		
Removal Charges 16.16		1 —
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. ____ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		20
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		31 —
Personal Service Mass		
....line Death Notices in ..... Papers		
Posted (Names of Newspapers)		2 58
Sales Tax		
Total Footing of Bill	$	100 00
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

T No. 37 Size 6/3 Date 8/13

ING Shade #3 Silver American Crepe

C.C.Co.

PTION Cut top.
5 1/3 Yds. #1349 white lining
1/4 Doz. #403 Spartan handles.
Trim complete.

Balance	Date		Amount Paid	Balance
		To Balance Forward		
By Payment	Dec. 1 41	Veto Bureau By Payment	97 42	
		" "		
Mrs Ann Murphy 1239 Seneca St. Buffalo N.Y.		Deduction for Funeral Notice		
		" "		
		" "		
		" "		

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness ..... Signed .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

24

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Aug 30 1941

Name of Deceased Catherine Michael W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 150 Maynard St S.F. ☐Husband ☒Wife ☐Widow } John

Charge to John Michael or.....of } Age of Husband or Wife (if living) 61 Years

Address 150 Maynard St S.F.

Order given by.....
(or informant)

How Secured.....

If Veteran, State War None

Occupation Housewife None
(Social Security Number)

Employer and Address.....

Date of Death Aug 30 41 (Date) 11:40 A.M. (Hour)

Date of Birth.....

Age 61 (Years) (Months) (Days) above

Date of Funeral 9/1/41 (Date) Mon (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman.....
(Address)

Religion of the Deceased.....

Birthplace Scotland

Resided in the State 35 (or U. S. or City or County) (Years) (Months)

Place of Death Burndale

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician C. B. Andrews
(or Coroner)

His Address Lemmon

Name of Father Hector Morrison

His Birthplace Scotland

Maiden Name of Mother Annie Mayson

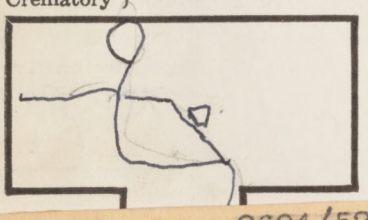
Her Birthplace Scotland

Motor Ship } Remains to.....

Size of Casket.....
(State Color and Number)

Manufactured by.....

Cemetery Crematory } Mt. Am. Lemmon



Lot No.....

Grave No.....

Section No.....

Block No.....

Complete Funeral (except outlays)	$ 280 —
Casket	
Burial Vault or Box (State Kind)	10 —
Embalming Body (Name of Embalmer)	
Barber, $..... Hair Dressing, $	
Dressing Body, $..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $..... Hose, $	
Folding Chairs, $..... Tarpaulin, $	
Candelabrum, $..... Candles, $	
Door Spray, $..... Gloves, $	
Funeral Car, $..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from Ft. Bragg 140.00	
Taking Remains to Burndale 10.00	
Trip to Coroner's Inquest 15.00	
Delivering Box to	
Deliver Flowers to 4.50	
Removal Charges	
Procuring Burial Permit (State Number and District)	10 —
Certif. Copies of Death Certificates No.	
Pall Bearer Service, $..... Use of Chapel, $ (State Physician's or Coroner's)	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $..... Palms, $..... Matting, $	
Rental of Tent, $..... of Temporary Vault, $	
Opening of Grave or Tomb	20 —
Lining Grave, $..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $..... Singers, $..... Organist, $	
Railroad or Motor } Tickets, $..... Aeroplane } Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service	
.....line Death Notices in S.F. Papers	4 23
Chronicle (Names of Newspapers)	3 60
Sales Tax	4 50
Total Footing of Bill	$ 332 33
Less 5% on $290	$ 14 50
Balance	$ 317 83

Entered into Ledger, page.....or below.

6/3 Number 2604/524

ion HINGED CAP HALF-COUCH CASKET

COV. 229 SILVER G. G. C. Co.

INT. I620 IVORY BROCADE

I SET 320-3x0 ROM. SILVER EXT. HANDLES

ce	Date		Amount Paid	Balance
		To Balance Forward		$
		By Payment	$	$
	Sept. 13-41	" In full	$ 317 83	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$

Statement Sept 8, 41

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept 13 1941

Name of Deceased Eliza M. Clendon

☐ Married ☐ Single ☑ Widowed ☑ Divorced

Residence Rose Park, Verano ☐Husband ☐Wife ☐Widow or.....of Harvey M. Clendon (What Race)

Charge to Mrs. Violetta Greenough Age of Husband or Wife (if living) Junk Years

Address 401 - Pierce St. Healdsburg

Order given by " (or informant)

How Secured

If Veteran, State War

Occupation At Home None (Social Security Number)

Employer and Address

Date of Death 9/13/41 (Date) 11:30 A.M. (Hour)

Date of Birth Dec 28, 1858

Age 55 (Years) 8 (Months) 15 (Days)

Date of Funeral 9/15/41 (Date) Mon (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev Ray (Address)

Religion of the Deceased Prod.

Birthplace Mendocino Co. Calif

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Rose Park, Verano

Cause of Death Carcinoma of stomach

Contributory Causes

Certifying Physician Dr. Silvershield (or Coroner)

His Address Sebastopol

Name of Father George Greenough

His Birthplace Canada

Maiden Name of Mother Violetta Copp

Her Birthplace Arcata, Calif.

Motor Ship } Remains to

Size of Casket 6/3 #37 - Cut Top A.E. (State Color and Number)

Manufactured by C.C.C.

Cemetery Crematory } Rural Cem. Assn.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 140	—
Casket		
Burial Vault or Box (State Kind)	10	—
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $	1	43
Suit or Dress (State Kind and Color)	6	18
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from casket 70.00		
Taking Remains to 134 10.		
Trip to Coroner's Inquest Dress 6.		
Delivering Box to 56.00 3		
Deliver Flowers to 9x 21.58		
Removal Charges 25.00		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb	12	50
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ Singers, $ Organist, $		
Railroad or Motor } Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev Ray	5	—
line Death Notices in Papers (Names of Newspapers)		
Sales Tax	2	40
Total Footing of Bill	$ 176	08
Less	$ 177.21	
Balance	$ 168	—

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance
	To Above Balance W. M. Hennigan	$	$
	By Payment David Moon	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
9/14/41	To Balance Forward Geo Hol	$	$ 50 —
9/16/41	By Payment Wm. Hennigan	$	$ 34 —
9/15/41	David Moon	$	$ 16 —
9/26/41	W. M. Hennigan	$	$ 42 —
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

26

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept 20 1941

Name of Deceased Harriett Gaines Breitenbach W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Broadway & Sonoma ☐Husband ☒Wife ☐Widow } George

or..... .....of } Age of Husband or Wife (if living).....Years

Charge to: George Breitenbach

Address Sonoma, Cal.

Order given by Mrs Mrs. Ethel Potter (or informant)

How Secured

If Veteran, State War —

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death 9/20/41 (Date) 9:18 A.M. (Hour)

Date of Birth Nov 14 1862

Age 78 (Years) 10 (Months) 6 (Days)

Date of Funeral 9/22/41 (Date) Mon (Day of Week) 2:P. M. (Hour)

Services at Chapel

Clergyman Rev. Potter + O. E. S. (Address)

Religion of the Deceased

Birthplace Allegheney, Calif

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death At Home

Cause of Death Myocardial Failure

Contributory Causes Influenza

Certifying Physician A. F. McGrath (or Coroner)

His Address Sonoma

Name of Father Richard Gaines

His Birthplace Virginia

Maiden Name of Mother Mary Jane Castor

Her Birthplace Indiana

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Mt. Home

6/3 Number 2604/524

G.G.C.Co

on HINGED CAP HALF-COUCH CASKET

COV. 273 PLATINUM

INT. I620 IVORY BROCADE

I SET 320-3xO ROM. SILVER EXT

Complete Funeral (except outlays)	$ 280 —
Casket	10 —
Burial Vault or Box [redacted] (State Kind)	—
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $ 1/2 = 140.00	
Extra Limousines ..... @ $ 1/4 10.00	
Autos to R. R. Station ..... @ $ 150.00 3	
Getting Remains from	
Taking Remains to 45000	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to Cemetery	1 —
Removal Charges	
Procuring Burial Permit (State Number and District)	1 —
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	15 —
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service Mrs Grunstead	No Chg
....line Death Notices in S.F. Papers	5.25
Posted (Names of Newspapers)	2.58
Democrat	2 —
Sales Tax	4.50
Total Footing of Bill	$ 321 33
Less 15% = 280.00	$ 42 —
Balance	$ 279 33
Entered into Ledger, page .....or below.	

Date			Amount Paid	Balance	Date			Amount Paid	Balance
		To Above Balance		$	Oct 8/41	To Balance Forward			$ 279 33
		By Payment	$	$		By Payment	$		$
		" "	$	$		" "	$		$
		" "	$	$		" "	$		$
		" "	$	$		" "	$		$
		" "	$	$		" "	$		$
		" "	$	$		" "	$		$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RE...RAL

27

Total No..... Yearly

Name of Deceased..Henry...

☐ Married ☒ Single

Residence...Wood...

Charge to...V. Silvereis...

Address.....Administ...

Order given by.....

(or Informa...

How Secured Ranch & $22...

If Veteran, State War...No...

Occupation.....Farm La...

Employer and Address.....

Date of Death...Unk. Foundio...
(Date)

Date of Birth....Dec....9, 1...

Age.....65.....9.....
(Years) (Months)

Date of Funeral 10-4-41...Sat...
(Date) (Day of Wee...

Services at.....Graveside...

Clergyman.....Rev...

Religion of the Deceased....Pr...

Birthplace.....German...

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death..Home - Wood Valley

Cause of Death..Coronary occlusion

Contributory Causes Coronary sclerosis

.....

Certifying Physician..E. J. Finnell...
(or Coroner)

His Address.....Sonoma.....

Name of Father.....

His Birthplace.....

Maiden Name of Mother.....

Her Birthplace.....

Motor Ship } Remains to.....

Size of Casket..Hermetic sealed box only...
(State Color and Number)

Manufactured by.....

Cemetery Crematory } ...Mt. Cem...

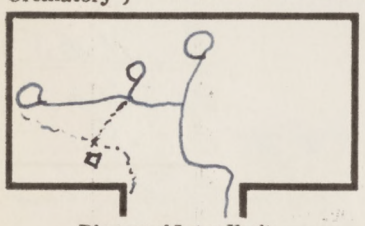


Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

RECEIVED of Ernest Evans
Twenty & 52/100 Dollars
Effects of Henry Peterson, including
Yellow metal Elgin watch
$20.52/100
Oct 4 1941
Vernon Silvereis
Witness

Oct. 3 19 41

W
(What Race)

Widow } ...
...of } Age of Husband or Wife (if living)..... Years

...except outlays)...	$	150 —
...Sealed box only		
(State Kind)		
(Name of Embalmer)		
..Hair Dressing, $...		
.....Underwear, $...		
(State Kind and Color)		
....Hose, $...		
....Tarpaulin, $...		
....Candles, $...		
....Gloves, $...		
...Ambulance, $...		
...etery.....@ $...		
.....@ $...		
...on.....@ $...		
...om..1/2 = 75.00/3		
225 00		
...quest...		
Procuring Burial Permit...		6 —
(State Number and District)		
Certif. Copies of Death Certificates No....		
(State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $...		
Gross Total for Sales Tax...	$	
Outlay for Lot...		
Cremation...		
Flowers, $.....Palms, $.....Matting, $...		
Rental of Tent, $....of Temporary Vault, $...		
Opening of Grave or Tomb...		18 —
Lining Grave, $.....Lowering Device, $...		
Outlay for Shipping Charges...		
Clergyman, $2.50 Singers, $....Organist, $...		2 50
Railroad or Motor } Tickets, $..... Aeroplane Service, $...		
Telegr., Phone, Cable or Radio Charges...		
Cash Advanced...		
Out of town Undertaker's Charges...		
Personal Service...		
...		
....line Death Notices in.....Papers...		
(Names of Newspapers)		
...		
Sales Tax...		2 25
Total Footing of Bill...	$	178 75
Less...	$	
Balance...	$	
Entered into Ledger, page.....or below.		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Filed May with Silvereis adm	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$	Feb 4'42	By Payment Paid in full	$	$ 178 75
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

26

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept 20 1941

Name of Deceased Harriett Gaines Breitenbach

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W.

Residence Broadway & Sonoma ☐Husband ☒Wife ☐Widow } of George

Charge to: George Breitenbach Age of Husband or Wife (if living) ..... Years

Address Sonoma, Calif.

Order given by Mr + Mrs Ethel Potter (or informant)

How Secured

If Veteran, State War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death 9/20/41 (Date) 9:18 A.M. (Hour)

Date of Birth Nov 14 1862

Age 78 (Years) 10 (Months) 6 (Days)

Date of Funeral 9/22/41 (Date) Mon (Day of Week) 2:P. M. (Hour)

Services at Chapel

Clergyman Rev Potter + O.E.S. (Address)

Religion of the Deceased

Birthplace Alleghaney, Calif

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death At Home

Cause of Death Myocardial Failure

Contributory Causes Influenza

Certifying Physician A. E. McGrath (or Coroner)

His Address Sonoma

Name of Father Richard Gaines

His Birthplace Virginia

Maiden Name of Mother Mary Jane Castor

Her Birthplace Indiana

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Mt. Sonoma

6/3 Number 2604/524

G.G.C.Co

on HINGED CAP HALF-COUCH CASKET

COV. 273 PLATINUM

INT. I620 IVORY BROCADE

I SET 320-3xO ROM. SILVER EXT

Complete Funeral (except outlays)	$ 280 —
Casket	10 —
Burial Vault or Box (State Kind)	—
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $ 1/2 = 140.00	
Extra Limousines ..... @ $ 1/2 10.00	
Autos to R. R. Station ..... @ $ 15.00 3	
Getting Remains from	
Taking Remains to 45000	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to Cemetery	1 —
Removal Charges	
Procuring Burial Permit	1 —
___ Certif. Copies of Death Certificates No. ___ (State Number and District) (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	15 —
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service Miss Granted	No Chg
....line Death Notices in 2 Papers	5.25
Posted	2.58
(Names of Newspapers) Democrat	2 —
	4.50
Sales Tax	
Total Footing of Bill	$ 321 33
Less 15% = 280.00	$ 42 —
Balance	$ 279 33

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$	Oct 8, 41	To Balance Forward		$ 279 33
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

R... RAL

27

Total No..... Yearl... Oct 3 19 41

Name of Deceased Henry ...

☐ Married ☒ Single ☐ ... (What Race)

Residence Wood Valley ☐Husband ☐Wife ☐Widow

Charge to V. Silvershield or ... of ... Age of Husband or Wife (if living) ... Years

Address Administrator

Order given by "

(or Informant)

How Secured Ranch & $220.00 in B/A

If Veteran, State War No

Occupation Farm Laborer

(Social Security Number)

Employer and Address

Date of Death Unk. Found 10-3-41

(Date) (Hour)

Date of Birth Dec 9, 1872

Age 68 (Years) 9 (Months) 25 (Days)

Date of Funeral 10-4-41 (Date) Sat (Day of Week) 4:00 P.M. (Hour)

Services at Graveside

Clergyman Rev Perry (Address)

Religion of the Deceased Prot.

Birthplace Germany

Resided in the State ... (or U. S. or City or County) ... (Years) 41 (Months)

Place of Death Home - Wood Valley

Cause of Death Coronary occlusion

Contributory Causes Coronary sclerosis

Certifying Physician E. J. Finneran (or Coroner)

His Address Coroner

Name of Father —

His Birthplace —

Maiden Name of Mother —

Her Birthplace —

Motor / Ship } Remains to

Size of Casket Hermetic sealed box only (State Color and Number)

Manufactured by

Cemetery / Crematory } Mt. Cem.

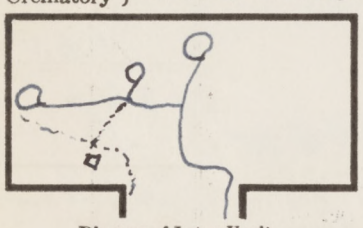


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 150	—
Casket none - (sealed box only)		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from 1/2 = 75.00		
Taking Remains to 225.00		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit	6	—
Certif. Copies of Death Certificates No. (State Number and District)		
Pall Bearer Service, $ ... Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb	18	—
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $25 Singers, $ ... Organist, $	2	50
Railroad / or Motor } Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
... line Death Notices in ... Papers (Names of Newspapers)		
Sales Tax	2	25
Total Footing of Bill	$ 178	75
Less	$	
Balance	$	

Entered into Ledger, page ... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Filed Nov 4th 41 Silvershield Adm	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$	Feb 4'42	By Payment full	$	$ 178 75
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ...% per annum.

Signed ...

Witness ... Address ...

Compiled by F. J. FEINEMAN, St. Louis, Mo.

28 Phone Mrs Washburn Elkridge 4976

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct 5 1941

Name of Deceased Gilberta Yates W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence.....

☐ Husband ☒ Wife ☐ Widow of Gerald

Charge to Gerald Yates

Address 771 Talbot St. S.E.

Order given by (informant) (Mother of Gerald)

How Secured Mrs Yates mo. payments

If Veteran, State War 1812-Civil War Spanish

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Oct 5 41 (Date) 2:33 P.M. (Hour)

Date of Birth Oct 8, 1908

Age 32 (Years) 1 (Months) 27 (Days)

Date of Funeral 10/8/41 (Date) Wed (Day of Week) 2 P.M. (Hour)

Services at Chapel of Chimes

Clergyman At Chapel (Address)

Religion of the Deceased

Birthplace Connecticut

Resided in the State (or U. S. or City or County) 21 yrs (Years) (Months)

Place of Death Dunbarton

Cause of Death Fractured Skull

Contributory Causes Auto accident

Certifying Physician J. Silvershield (or Coroner)

His Address 1 Rock

Name of Father Wm H. Bellineau

His Birthplace Grass Valley Cal

Maiden Name of Mother Athais Beaulieu

Her Birthplace Grand Falls Canada

Motor Ship } Remains to

Size of Casket 6 3 Black Trough (Size Color and Number)

Manufactured by F. J. Co.

Cemetery Crematory } Chapel of Chimes

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	110 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from ½		55.00
Taking Remains to 3		
Trip to Coroner's Inquest		16.50
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45 —
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
... line Death Notices in ... Papers (Names of Newspapers)		
Sales Tax		1 65
Total Footing of Bill	$	156 65
Less Floral Spray	$	5 —
Balance	$	161 65

Entered into Ledger, page ... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
2/20/44	Letter To Above Balance		$	Oct 8	To Balance Forward	80 —	$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed ...

Witness ... Address ...

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct 7 1941

Name of Deceased Benjamin Williams Heald W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 606 Austin Ave, Longmont ☒ Husband ☐ Wife ☐ Widow of ..... Mary Winifred

Charge to Mary Winifred Heald

Address 606 Austin Ave, Longmont

Order given by ! (or informant)

How Secured .....

If Veteran, State War —

Occupation Farmer (Social Security Number)

Employer and Address .....

Date of Death 10/7/41 (Date) 1:10 P.M. (Hour)

Date of Birth Feb 10, 1869

Age 72 (Years) 7 (Months) 27 (Days)

Date of Funeral 10/10/41 (Date) Fri (Day of Week) 10:00 A.M. (Hour)

Services at Chapel

Clergyman Rev. Perry + F.F.A. (Address)

Religion of the Deceased Prot

Birthplace Aurorahville, Wisconsin

Resided in the State 14 (or U. S. or City or County) (Years) (Months)

Place of Death 606 Austin Ave

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician .....

(or Coroner)

His Address .....

Name of Father Geo. W. Heald

His Birthplace — Maine

Maiden Name of Mother Matilda Williams

Her Birthplace — Ohio

Motor / Ship } Remains to .....

Size of Casket .....

(State Color and Number)

Manufactured by .....

Cemetery / ~~Crematory~~ } Mt. Sunset

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	170 —
Casket		
Burial Vault or Box (State Kind)		10 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ½ =		85.00
Taking Remains to Bur		10.00
Trip to Coroner's Inquest		95.00 3
Delivering Box to		285.00
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		1 —
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 2 Graves		2 —
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		15 —
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ .... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Rev. Perry		5 —
....line Death Notices in ..... Papers		
Posted (Names of Newspapers)		2 58
Sales Tax		2 85
Total Footing of Bill	$	208 43
Less	$	9 —
Balance	$	199 43

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
	To Above Balance	$	$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
Oct 13 41	To Balance Forward	199 43	$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct 9 1941

Name of Deceased Effie Edwina Poppe W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 224 Whipple St. Fort Bragg ☐Husband ☐Wife ☒Widow of Julius

Charge to Mrs Alice De Baca Age of Husband or Wife (if living).....Years

Address 1918 Pine St. S.F.

Order given by ll & 3 Bros & Sister (or informant)

How Secured money in home Bacca

If Veteran, State War —

Occupation At Home (Social Security Number)

Employer and Address

Date of Death Oct 9/1941 (Date) 1:20 P.M. (Hour)

Date of Birth Mar 1/1881

Age 60 (Years) 7 (Months) 8 (Days)

Date of Funeral 10/13/41 (Date) Mon (Day of Week) 10 A.M. (Hour)

Services at Chapel

Clergyman Rev Kay (Address)

Religion of the Deceased Prot

Birthplace Ritchie Co. West Virginia

Resided in the State 24 (or U. S. or City or County) (Years) (Months)

Place of Death 224 Whipple St. Fort Bragg

Cause of Death Chr. Valvular Heart Disease 18 yrs

Contributory Causes Chr. myocarditis 30 yrs

Certifying Physician Dallas L. Wagner M.D. (or Coroner)

His Address Fort Bragg

Name of Father Isachi Taylor Heyroad

His Birthplace W. Virginia

Maiden Name of Mother Rebecca Scott

Her Birthplace

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Mt. Lawn Mem

Lot No.

Grave No.

Section No.

Block No.

Complete Funeral (except outlays)	$ 295 —
Casket	
Burial Vault or Box (State Kind)	125 —
Embalming Body (Name of Embalmer)	
Barber, $ ... Hair Dressing, $	
Dressing Body, $ ... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ... Hose, $	
Folding Chairs, $ ... Tarpaulin, $	
Candelabrum, $ ... Candles, $	
Door Spray, $ ... Gloves, $	
Funeral Car, $ ... Ambulance, $	
Limousines to Cemetery ... @ $	
Extra Limousines ... @ $	
Autos to R. R. Station ... @ $	
Getting Remains from 1/2 = Manet	147.50
Taking Remains to	125.00
Trip to Coroner's Inquest	27.50
Delivering Box to	
Deliver Flowers to	8.175.0
Removal Charges	
Procuring Burial Permit (State Number and District)	1 —
Certif. Copies of Death Certificates No.	
Pall Bearer Service, $ .... Use of Chapel, $ (State Physician's or Coroner's)	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ ... Palms, $ ... Matting, $	
Rental of Tent, $ ... of Temporary Vault, $	
Opening of Grave or Tomb	18 —
Lining Grave, $ ... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ... Singers, $ ... Organist, $	
Railroad or Motor } Tickets, $ ... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service Mrs Cannan	50 —
... line Death Notices in Local Papers	2 50
Rev Kay (Names of Newspapers)	5 —
Mrs Linstead	5 —
Sales Tax	8 18
Total Footing of Bill	$ 509 76
Less 5/10 1420 30 days 21 00	$ 21
Balance	$ 488 76

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
Nov 8, 41	To Balance Forward	432 56	$
Nov 8, 41	By Payment	$ 56 20	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

T No. 5910 Size 6/3 Date 6/5/40

C.C.C

RING Shade #975 Silver & Gold Cascade

IPTION Interior White over Flesh. #1347

sh drapes

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct 27 1941

Name of Deceased Robert E. Buckley W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Eldridge ☒Husband ☐Wife ☐Widow } Bernice

or..... .....of } Age of Husband or Wife (if living).....Years

Charge to Bernice Buckley

Address Eldridge

Order given by "

(or informant)

How Secured Insurance 2 Policies

If Veteran, State War World

Occupation Hospital Attendant

(Social Security Number)

Employer and Address State Home

Date of Death 10/27/41 9:30 P.M.

(Date) (Hour)

Date of Birth Mar. 28, 1898

Age 43 (Years) 6 (Months) 29 (Days)

Date of Funeral 10/29/41 (Date) Wed (Day of Week) 3:30 P.M. (Hour)

Services at Chapel

Clergyman Jack London Post #245 (Address)

Religion of the Deceased

Birthplace Mauricetown N.J.

Resided in the State 20 (or U. S. or City or County) (Years) (Months)

Place of Death Vets Adm. Lyons

Cause of Death Myocardial Insufficiency Pulmonary embolism - Infection

Contributory Causes History 2 mo.

Certifying Physician C. J. Smith Chief Medical Officer

(or Coroner)

His Address Vets Adm. Lyons

Name of Father Sam Buckley

His Birthplace Iowa

Maiden Name of Mother Mary Donovan

Her Birthplace Iowa

Motor Ship } Remains to

Size of Casket 6/6 Metalic Casket

(State Color and Number)

Manufactured by

Cemetery ~~Crematory~~ } Mt. Donovan

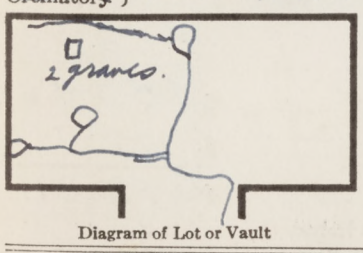

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	568 —
Casket		
Burial Vault or Box (State Kind)		125 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $ 1/2 = 284.00		
Extra Limousines ..... @ $ Vault 125.00		
Autos to R. R. Station ..... @ $ 409.00		
Getting Remains from ~~Hazlett~~		
Taking Remains to ~~Hazlett~~		
Trip to Coroner's Inquest 12.27.00		
Delivering Box to 4 Poets		4 —
Deliver Flowers to S.F. Permit		1 —
Removal Charges		6 —
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___		
Pall Bearer Service, $ .... Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		20 —
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....Organist		2 50
....line Death Notices in ..... Papers (Names of Newspapers)		
2 certified copy		2 —
Sales Tax		12 27
Total Footing of Bill	$	740 77
Less 5% = 693.00 = 34.65 30 dys	$	
Balance	$	

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$	Dec 5, 41	By Payment in full	$	$ 740 77
	" "	$	$		"	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....

(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov 3 1941

Name of Deceased Arie Van Ryn

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence Sonoma R-7 D Bx 133 ☐Husband ☐Wife ☒Widow } of Jentien Van Ryn (What Race)

Charge to Arie Van Ryn (Daniel) Age of Husband or Wife (if living)..... Years

Address Rt 1 Bx 241-A

Order given by " " Arie Jr. (or informant)

How Secured

If Veteran, State War —

Occupation Retired (Social Security Number)

Employer and Address

Date of Death Nov 3 1941 (Date) 6:05 P.M. (Hour)

Date of Birth Oct 15 1858

Age 83 (Years) — (Months) 18 (Days)

Date of Funeral 11-6-41 (Date) Thurs (Day of Week) 10 A.M. (Hour)

Services at Chapel

Clergyman Rev Perry (Address)

Religion of the Deceased

Birthplace Holland

Resided in the State 20 (or U. S. or City or County) (Years) (Months)

Place of Death Rte De Jong Home

Cause of Death Ac Cardiac Dilatation

Contributory Causes

.....

Certifying Physician F J Finneity (or Coroner)

His Address Sonoma

Name of Father Daniel

His Birthplace Holland

Maiden Name of Mother Catherine Van Dam

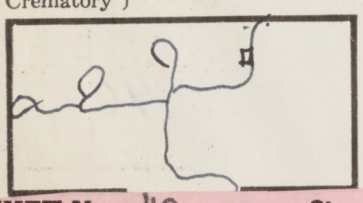
Her Birthplace Holland

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Mt. Home



Lot No.

Grave No.

Section No.

Block No.

Complete Funeral (except outlays)	$	205 —
Casket		
Burial Vault or Box (State Kind)		10 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ½		10250
Taking Remains to Bx		1000
Trip to Coroner's Inquest		1125
Delivering Box to		337 50
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		4 —
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		18 —
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
..... line Death Notices in Local Papers		2 50
Rev Perry (Names of Newspapers)		3 —
Mrs Brinstead		5 —
Sales Tax		3 38
Total Footing of Bill	$	252 96
Less 5% on 215	$	10 75
Balance	$	242 21

Entered into Ledger, page ..... or below.

CASKET No. 40 **Size** 6/3 **Date** 6/9 C. C. Co.

COVERING Shade #23 Silver Doeskin.

DESCRIPTION #1345 [illegible]ite puffing
1 - #1345 special wh[illegible]e pillow set square shirred pillow muslin backing.
Trim inside.

Date		Amount Paid	Balance
	To Balance Forward	$	$
	By Payment	$	$
11-21-41	In full	$242.21	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Return This Label for Dupli

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Nov 6 19 41

Name of Deceased George Lincoln Hoover M.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Near El Verano ☒ Husband ☐ Wife ☐ Widow or ..... of Flora V.

Charge to Mrs Flora V. Hoover Age of Husband or Wife (if living) ..... Years

Address Sonoma R.F.D. Bx 159

Order given by ..... (or informant)

How Secured .....

If Veteran, State War .....

Occupation Rancher (Social Security Number)

Employer and Address .....

Date of Death Nov. 6, 41 (Date) 2:05 A.M. (Hour)

Date of Birth Dec. 6, 1863

Age 67 (Years) 11 (Months) — (Days)

Date of Funeral 11-8-41 (Date) Sat (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev. Ray, Sonoma (Address)

Religion of the Deceased .....

Birthplace Oregon

Resided in the State 36 (or U. S. or City or County) (Years) (Months)

Place of Death Near El Verano

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician C. B. Anderson (or Coroner)

His Address Sonoma

Name of Father Peter Hoover

His Birthplace —

Maiden Name of Mother Mary Ellen Howell

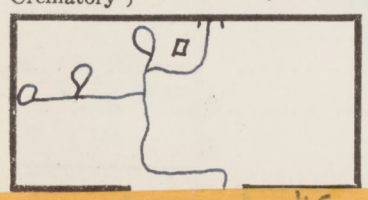
Her Birthplace —

Motor / Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery / Crematory } Mt. Sonoma



Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Complete Funeral (except outlays)	$	325 —
Casket		
Burial Vault or Box (State Kind)		125 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		162.50
Getting Remains from ½ —		125.00
Taking Remains to Vault		28.50
Trip to Coroner's Inquest		3
Delivering Box to		8.625.0
Deliver Flowers to		
Removal Charges ..... Cards		2
Procuring Burial Permit (State Number and District)		6 —
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		18 —
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Mrs Grunstead		5 —
Rev. Ray		5 —
.... line Death Notices in Press Democrat (Names of Newspapers)		2 58
Sales Tax		8 63
Total Footing of Bill	$	497 21
Less	$	22 25
Balance	$	474 96

Entered into Ledger, page ..... or below.

Return This Label for Duplicate

CASKET No. 46 Size 6/6 Date

COVERING C. C. Co Shade #64 Cedar Tioga

DESCRIPTION Hinged cap and pillow Peach Ballet. Regular style 1 Set #973H Spartan Handles shade

Balance	Date		Amount Paid	Balance
		To Balance Forward		$
	Nov. 6, 41	By Payment	$100 —	$
	Nov. 19, 41	"	$160 —	$
	Dec. 8, 41	"	$214 96	$
		"	$	$
		"	$	$
		"	$	$
		"	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

34

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov 6 1941

Name of Deceased Frederick William Cushing (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence Stonetree Ranch, Glen Ellen ☐Husband ☐Wife ☒Widow } Cassie

or.....of } Age of Husband or Wife (if living).....Years

Charge to Mrs. Edward Small

Address Stonetree Ranch, Glen Ellen

Order given by Edward Small (or informant)

How Secured.....

If Veteran, State War.....

Occupation Retired Elec. Engineer (Social Security Number)

Employer and Address.....

Date of Death 11/6/41 (Date) 10:P.M. (Hour)

Date of Birth June 10, 1856

Age 85 (Years) 4 (Months) 8 (Days)

Date of Funeral 11/9/41 (Date) Sun. (Day of Week) 4:P.M. (Hour)

Services at Kenwood Community Church

Clergyman Rev. F. E. Baren (Address)

Religion of the Deceased.....

Birthplace Canada

Resided in the State 5 (or U. S. or City or County) (Years) (Months)

Place of Death Burndale

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician C. B. Andrews (or Coroner)

His Address Sonoma

Name of Father Samuel H.

His Birthplace.....

Maiden Name of Mother Alexandrena M. Atkinson

Her Birthplace.....

Motor / Ship } Remains to.....

Size of Casket 345 H.P. # 4 R. (State Color and Number)

Manufactured by S.F.C.P. Co.

~~Cemetery~~ / Crematory } C. of Chemco & Road

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 290	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ..... 1/2 — 145.00 3		
Taking Remains to		
Trip to Coroner's Inquest 4 1 3500		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation ..... Kenwood	45	50
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad / Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev. Baren	10	—
.....line Death Notices in Press papers	2	65
S.F. Chron. (Names of Newspapers)	3	90
Rep. & Dem.	2	—
Sales Tax	4	36
Total Footing of Bill	$ 358	73
Less	$ 14	50
Balance	$ 343	83

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
11-17-41	To Above Balance Statement		$	Dec 3/41	To Balance Forward		$
	By Payment	$	$		By Payment Jan Full	$	$ 343 83
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov 8 1941

Name of Deceased Fred L. Jones W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence El Verano ☒ Husband ☐ Wife ☐ Widow of Doris Jones

Charge to Doris Pete Jones Age of Husband or Wife (if living) 61 Years

Address El Verano

Order given by " (or informant)

How Secured

If Veteran, State War —

Occupation Lumber dealer — (Social Security Number)

Employer and Address

Date of Death Nov 8, 41 (Date) 3:05 P.M. (Hour)

Date of Birth Oct 22, 1880

Age 61 (Years) — (Months) 22 (Days)

Date of Funeral 11/10/41 (Date) Mon. (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev Perry (Address)

Religion of the Deceased Prot.

Birthplace Missouri

Resided in the State 21 (or U. S. or City or County) (Years) (Months)

Place of Death Home, El Verano

Cause of Death

Contributory Causes

Certifying Physician C. B. Andrews (or Coroner)

His Address Sonoma

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / ~~Crematory~~ } Mt. Sonoma

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	385 —
Casket		
Burial Vault or Box (State Kind)		125 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $ 172.50		
Getting Remains from 1/2 125.00		
Taking Remains to vault 17.50		
Trip to Coroner's Inquest 3 17.50		
Delivering Box to		
Deliver Flowers to Cemetery 9.50		1 —
Removal Charges		
Procuring Burial Permit		6 —
(State Number and District) ___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Posts		4 —
Cremation		
Flowers, $ ~~Canopy, $~~ ~~Matting, $~~		10 —
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		20
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev Perry		5 —
Mrs. Shilbrook		5 —
....line Death Notices in Sch. Papers		2 58
Democrat (Names of Newspapers)		2 —
Examiner		4 20
Chronicle		3 60
Sales Tax		9 53
Total Footing of Bill	$	582 71
Less	$	
Balance	$	
Entered into Ledger, page ..... or below.		

2160 HP
6/6

Order No.
Date 4/9/41

S. F. C. Co.

Circasian Walnut Finish Redwood

Ascot Panel & Pillow
Lined HOB Crepe de Chine Pillow Set
B & BP to match
361 3x1 Bronze & Brass Handles
BATES & EVANS

Market 11+6

lance	Date		Amount Paid	Balance
		To Balance Forward		$
	July 2943	By Payment Jas Hall	$ 582 71	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$

Insurance Companies

ave sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness

Address

Case No. 42. Statement Filed Dec 2, 42

Compiled by F. J. FEINEMAN, St. Louis, Mo.

36

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov. 14 1941

Name of Deceased Helmer John Lundquist White

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Sonoma ☒Husband ☐Wife ☐Widow or.....of Henrietta Lundquist

Charge to Henrietta Lundquist Age of Husband or Wife (if living) 41 Years

Address 7 Circle Ave - Mill Valley, Calif.

Order given by (or informant)

How Secured

If Veteran, State War none

Occupation Contractor (Social Security Number)

Employer and Address

Date of Death 11-13-41 (Date) (Hour)

Date of Birth Oct. 27-1893

Age 48 (Years) 0 (Months) 14 (Days)

Date of Funeral 11-17-41 (Date) Mon. (Day of Week) 2 P. M. (Hour)

Services at Chapel

Clergyman Rev. Edward Perry (Address)

Religion of the Deceased Prod

Birthplace Sweden

Resided in the State 30 yrs (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co. Hospital

Cause of Death

Contributory Causes

Certifying Physician Harding Clegg (or Coroner)

His Address Sonoma Co. Hospital

Name of Father John Lundquist

His Birthplace Sweden

Maiden Name of Mother Wilhelmina —

Her Birthplace Sweden

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery ~~Crematory~~ } Mt. Lem

Lot No.

Grave No.

Section No.

Block No.

Complete Funeral (except outlays)	$	140 00
Casket		
Burial Vault or Box Redwood (State Kind)		10.
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from ½ = 70.00 10.00		
Taking Remains to Bt 80.00 3		
Trip to Coroner's Inquest		
Delivering Box to 24.00 0		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		1 00
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 4 Posts		4
Cremation		
Flowers, $ 15 .. Palms, $ .... Matting, $		15 00
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb —		15
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
...		
...line Death Notices in ... Papers		
(Names of Newspapers)		
Rev. Edward Perry		5. 00
Sales Tax		2 55
Total Footing of Bill	$	192 55
Less	$	
Balance	$	
Entered into Ledger, page ... or below.		

Casket No. 30
Size 6/3

Covering Grey Am
S.F.C.Co

Description Lined 250
338 Spt Handles

Date		Amount Paid		Balance
	To Balance Forward			$
12-18-25	By Payment	$ 40.	00	$
1-6-42	" "	$ 10	—	$
2-2-42	" "	$ 10	—	$
2-24-42	" "	$ 10.		$
3-30-42	" "	$ 25	—	$
4-6-42	" "	$ 10	—	$
5-5-42	" "	$ 10	—	$
6-22-42	Insurance	10	—	
7-28-42	Companies	12.	55	
8-5-42		10.	—	
8-28-42		10		
Sept 21 42		10		
Oct 18 42		20	—	

11-19-41 Anna Anderson statement

Insurance $..... Names of Lodges.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness .....

Signed .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No.................. Yearly No.................. Date of Entry........ Nov. 14 ....19 41

Name of Deceased Mario Bianchini .... White (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 3rd st. West Sonoma ☒ Husband ☐ Wife ☐ Widow or........of } Elisa Age of Husband or Wife (if living) 57 Years

Charge to Elisa Bianchini

Address Sonoma Cal.

Order given by.................. (or informant)

How Secured..................

If Veteran, State War none

Occupation Rancher

Employer and Address..................

Date of Death 11-14-41 (Date)

Date of Birth Feb 21 –

Age 63 (Years) 8 (Months)

Date of Funeral 11-17-41 (Date) Mon. (Day of Week)

Services at St. Francis

Clergyman Father Kell

Religion of the Deceased Catholic

Birthplace Italy

Resided in the State.................. (or U. S. or City or County)

Place of Death Near Jenner

Cause of Death Drownin

Contributory Causes auto ov[er] into River

Certifying Physician Harding Clegg (or Coroner)

~~His Address~~ Coroner - Vernon Silver

Name of Father Gervasio B.

His Birthplace Italy

Maiden Name of Mother Cesira —

Her Birthplace Italy

Motor / Ship } Remains to..................

Size of Casket.................. (State Color and Number)

Manufactured by..................

Cemetery / Crematory } Mt. Cem. Sonoma

Lot No..................

Grave No..................

Section No..................

Block No..................

GOLDEN GATE CASKET CO.
"Quality brings profits"
14 OTIS STREET . . . SAN FRANCISCO
At 12th and Mission Sts.

Received of Bate & Evans + Effects of Mario Bianchini
$2.25 cash only
Signed
Robert Bianchini

Tel. MArket 4252

Item	$	¢
	280	00
		10
		0.00
		0.00
		0.00
		5.00
...(State Number and District)	1	—
	$	
	$	20
or Motor } Tickets, $........ plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
....line Death Notices in Local Papers (Names of Newspapers)	2	58
Mass	15	00
Sales Tax	4	50
Total Footing of Bill	$ 333	08
Less	$ 14	50
Balance	$ 318	58

...red into Ledger, page......or below.

Date		Amount Paid	Balance
	To Balance Forward		$
~~Nov. 1941~~	~~By Payment In full~~		~~$ 318 58~~
Receipt shows		$ 333 08	
to compensate Robt Bianchini			
for dirt on accounting bill			
	" "	$	$
	" "	$	$
	" "	$	$

CASKET No. 6006 **Size** 6/3 **Date** 2/14/41

COVERING Shade #857 Platinum Arcola.

Cal. C. Co

DESCRIPTION Hinged cap #1427 Ivory Comet ripple crush.
1 - #1427 Ivory comet pillow set square ripple crush pillow.
1 Set #437 3x0 Roman Butler lacq. Ext. handles
Trim complete. B.

Insurance $.................. Names of Lodges.................. Insurance Companies..................

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.................. (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..................days from date. Interest to accrue from maturity at the rate of..........% per annum.

Signed..................

Witness.................. Address..................

36

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov. 14 1941

Name of Deceased Helmer John Lundquist White
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Sonoma ☒ Husband ☐ Wife ☐ Widow } Henrietta Lundquist
or ..... of } Age of Husband or Wife (if living) 41 Years

Charge to Henrietta Lundquist

Address 7 Circle Ave - Mill Valley, Calif.

Order given by ..... (or informant)

How Secured .....

If Veteran, State War none

Occupation Contractor (Social Security Number)

Employer and Address .....

Date of Death 11-13-41 (Date) (Hour)

Date of Birth Oct. 27-1893

Age 48 (Years) 0 (Months) 14 (Days)

Date of Funeral 11-17-41 (Date) Mon. (Day of Week) 2 P. M. (Hour)

Services at Chapel

Clergyman Rev. Edward Perry (Address)

Religion of the Deceased Prod

Birthplace Sweden

Resided in the State 30 yrs (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co. Hospital

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Harding Clegg (or Coroner)

His Address Sonoma Co. Hospital

Name of Father John Lundquist

His Birthplace Sweden

Maiden Name of Mother Wilhelmina —

Her Birthplace Sweden

Motor / Ship } Remains to .....

Size of Casket .....
(State Color and Number)

Manufactured by .....

Cemetery / ~~Crematory~~ } Mt. Lem

Lot No. .....
Grave No. .....
Section No. .....
Block No. .....

Complete Funeral (except outlays)	$	140 00
Casket		
Burial Vault or Box Redwood (State Kind)		10.
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ½ = 70.00 10.00		
Taking Remains to Bay = 80.00 3		
Trip to Coroner's Inquest		
Delivering Box to 24.000		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		1 00
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 4 Posts		4
Cremation		
Flowers, $ 15 .. Palms, $ .... Matting, $		15 00
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb —		15
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....:		
....line Death Notices in ..... Papers (Names of Newspapers)		
Rev. Edward Perry		5. 00
Sales Tax		2 55
Total Footing of Bill	$	192 55
Less	$	
Balance	$	
Entered into Ledger, page ..... or below.		

Casket No. 30
Size 6/3
Covering Grey Am
S.F. C. Co
Description Lined 250
338 Spt Handles

Date		Amount Paid	Balance
	To Balance Forward		$
12-18-25	By Payment	$ 40.00	$
1-6-42	" "	$ 10 —	$
2-2-42	" "	$ 10 —	$
2-24-42	" "	$ 10	$
3-30-42	" "	$ 25 —	$
4-6-42	" "	$ 10 —	$
5-5-42	" "	$ 10 —	$
6-22-42	Insurance	10 —	
7-28-42	Companies	12.55	
8-5-42		10.—	
8-28-42		10	
Sept 21 42		10	
Oct 18 42		20 —	

11-19-41 Anna Anderson statement

Insurance $ ..... Names of Lodges .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness .....

Signed .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No.............. Yearly No.............. Date of Entry......Nov. 14..............1941

Name of Deceased..Mario Bianchini.................................White
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence. 3rd st. West Sonoma .... ☒Husband☐Wife☐Widow or..............of } Elisa 57
Age of Husband or Wife (if living)..............Years

Charge to Elisa Bianchini

Address.... Sonoma Cal.

Order given by............ (or informant)

How Secured.............

If Veteran, State War.. none

Occupation..... Rancher

Employer and Address ....

Date of Death.... 11-14-41 (Date)

Date of Birth... Feb. 21 – ~~[illegible]~~

Age.......... 63 (Years) .... 8 (Months)

Date of Funeral 11-17-41. (Date) Mon. (Day of Week)

Services at..... St. Francis

Clergyman.... Father Keller ... Sonoma (Address)

Religion of the Deceased.. Catholic

Birthplace .... Italy

Resided in the State .... (or U. S. or City or County) 42 (Years) ...... (Months)

Place of Death... Near Jenner

Cause of Death...... Drowning

Contributory Causes. auto overturned into River

Certifying Physician. Harding Clegg (or Coroner)

~~His Address~~ Coroner – Vernon Silvershield

Name of Father. Gervasio Bianchini

His Birthplace.......... Italy

Maiden Name of Mother.. Cesira —

Her Birthplace........ Italy

Motor / Ship } Remains to ....

Size of Casket.............. (State Color and Number)

Manufactured by..............

Cemetery / Crematory } Mt. Cem. Sonoma

Lot No.............

Grave No.............

Section No.............

Block No.............

....	$ 280	00
....	10	
.... 0.00		
.... 0.00		
Trip to Coroner's Inquest .... 150.00 / 3		
Delivering Box to 45000		
Deliver Flowers to..........		
Removal Charges..........		
Procuring Burial Permit.......... (State Number and District)	1	—
___Certif. Copies of Death Certificates No.____ (State Physician's or Coroner's		
Pall Bearer Service, $.... Use of Chapel, $....		
Gross Total for Sales Tax.......... $		
Outlay for Lot..........		
Cremation..........		
Flowers, $.....Palms, $.....Matting, $....		
Rental of Tent, $....of Temporary Vault, $....		
Opening of Grave or Tomb..........	20	
Lining Grave, $......Lowering Device, $....		
Outlay for Shipping Charges..........		
Clergyman, $.....Singers, $....Organist, $....		
Railroad or Motor } Tickets, $........ Aeroplane Service, $....		
Telegr., Phone, Cable or Radio Charges..........		
Cash Advanced..........		
Out of town Undertaker's Charges..........		
Personal Service..........		
....line Death Notices in Local Papers .... (Names of Newspapers)	2	58
Mass..........	15	00
Sales Tax..........	4	50
Total Footing of Bill.......... $	333	08
Less.......... $	14	50
Balance.......... $	318	58

...red into Ledger, page......or below.

Date			Amount Paid		Balance	
		To Balance Forward			$	
~~Nov. 1941~~		~~By Payment In full~~	$		~~$ 318~~	~~58~~
		Receipt shows	$ 333	08	$	
		" "	$		$	
		" "	$		$	
		" "	$		$	
		" "	$		$	

to compensate Robt Bianchini for int on outstanding bill

CASKET No. 6006 Size 6/3 Date 2/14/41

COVERING Shade #857 Platinum Arcola.

Cal. C. Co

DESCRIPTION Hinged cap #1427 Ivory Comet ripple crush.
1 – #1427 Ivory comet pillow set square ripple crush pillow.
1 Set #437 3x0 Roman Butler lacq. Ext. handles
Trim complete. B

Insurance $.............. Names of Lodges.............. Insurance Companies..............

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.............. (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.............. days from date. Interest to accrue from maturity at the rate of.......... % per annum.

Signed..............

Witness.............. Address..............

Compiled by F. J. FEINEMAN, St. Louis, Mo.

38

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov 14 1941

Name of Deceased Angelo Rigazzi W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Sonoma R.F.D. Box 225 ☒Husband ☐Wife ☐Widow of Catrina Age of Husband or Wife (if living) 52 Years

Charge to Catrina Rigazzi

Address Bro James Thella Box 534 - Santa Cruz

Order given by James Thella (or informant)

How Secured —

If Veteran, State War none

Occupation Contract painter Unk (Social Security Number)

Employer and Address .....

Date of Death Nov 14, 41 (Date) (Hour)

Date of Birth July 4, 1878

Age 63 (Years) 4 (Months) 10 (Days)

Date of Funeral Nov 18, 41 (Date) Tues (Day of Week) 10:A M. (Hour)

Services at Chapel

Clergyman Rev Perry (Address)

Religion of the Deceased none

Birthplace Italy

Resided in the State 30 (or U. S. or City or County) (Years) (Months)

Place of Death near Jenner

Cause of Death Drowning

Contributory Causes Auto overturned into River

Certifying Physician V. Silvershield (or Coroner)

His Address Bodega Road

Name of Father —

His Birthplace .....

Maiden Name of Mother —

Her Birthplace —

Motor Ship } Remains to .....

Size of Casket 6/3 #37 Low 3 San Ref. (State Color and Number)

Manufactured by C. C. Co.

Cemetery Crematory } Mt. Sonoma

Diagram of Lot or Vault

Lot No. Ord. by Thella

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	170 —
Casket		
Burial Vault or Box (State Kind)		10 —
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from ½	85.00	
Taking Remains to Bx	10.00	
Trip to Coroner's Inquest	9.50 3.00	
Delivering Box to		
Deliver Flowers to	2.85	
Removal Charges		
Procuring Burial Permit		6 —
___Certif. Copies of Death Certificates No. ___ (State Number and District) (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot ... 4 Poles		4 —
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		15 —
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev Perry		5 —
... line Death Notices in ... Papers		
Examiner (Names of Newspapers)		3 85
Italian Daily News		3 50
Attested copy		1 —
Sales Tax		2 85
Total Footing of Bill	$	221 20
Less	$	9 —
Balance	$	212 20

Entered into Ledger, page ... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	Dec. 14, 46	By Payment Dan Fuell	$	$ 212 20
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
			$		" "	$	$
			$		" "	$	$
			$		" "	$	$
			$		" "	$	$

A. Catani
708 - Montgomery
Send cert. certificate of Angelo Rigazzi
mailed: Dec. 2, 2, 46 KM
Grunstead

Insurance Companies .....

I that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

d agree to pay the same within ..... days from date. Interest to accrue from

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov. 14 1941

Name of Deceased Mario Rigazzi

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence.....

~~Husband~~ ~~Wife~~ ~~Widow~~ or Son of Caterina Rigazzi (What Race)

Age of Husband or Wife (if living)..... Years

Charge to Mr. James Thelin

Oct. 1 1941 53

Address.....

Order given by.....

How Secured.....

If Veteran, State.....

Occupation.....

Employer and A.....

Date of Death.....

Date of Birth.....

Age.....

Date of Funeral.....

Services at.....

Clergyman.....

Religion of the D.....

Birthplace.....

Resided in the S.....

Place of Death.....

Cause of Death.....

Contributory Ca.....

.....

Certifying Physic.....

His Address.....

Name of Father.....

His Birthplace.....

Maiden Name of Mother Caterina Thelin

Her Birthplace Italy

Motor / Ship } Remains to.....

Size of Casket.....

(State Color and Number)

Manufactured by.....

Cemetery / Crematory } Mt. Rosa

Lot No.....

Grave No.....

Section No.....

Block No.....

Bates & Evans

FUNERAL DIRECTORS

Sonoma, California

Nov. 21 1941

Received of Bates & Evans

Twelve ~~55~~ Dollars

~~To apply on account of~~ 2 watches, knife, Papers & Effects of Angelo & Mario ~~Deceased~~ Rigazzi

$ 12 55 ~~Balance~~

~~BATES & EVANS~~

By Anne Jaworski

	190 —
	10 —
	4 —
	15
Railroad / Motor } Tickets, $ ..... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service Rev. Perry	
P.d on father's acct.	
....line Death Notices in ..... Papers	
..... Examiner	3 85
Italian Daily News on Father's Bill (Names of Newspapers)	—
	9 15
Sales Tax	
Total Footing of Bill	$ 226 00
Less	$ 10
Balance	$ 216 —

Entered into Ledger, page ..... or below.

6/3 Number 519

ion LIFT CAP CASKET P.F.C.Co.

COV. SILVER ROSELLE - UPHOLSTERI

PILLOW SET I56 IVORY-SQ. SH. PI

¼ DOZ. I962 R. S. HANDLES

Date		Amount Paid	Balance
	To Balance Forward		$
Dec 17/41	By Payment Full	$	$216 —
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed.....

Witness.....

Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

38

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov 14 1941

Name of Deceased Angelo Rigazzi W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Sonoma R.F.D. Bx 225 ☒Husband ☐Wife ☐Widow } Catrina

or..... of } Age of Husband or Wife (if living) 52 Years

Charge to Catrina Rigazzi

Address Rt 1 Bx 533 - Santa Cruz

Order given by James Thella (or informant)

How Secured —

If Veteran, State War none

Occupation Contract painter Unk (Social Security Number)

Employer and Address

Date of Death Nov 14, 41 (Date) (Hour)

Date of Birth July 4, 1878

Age 63 (Years) 4 (Months) 10 (Days)

Date of Funeral Nov 18, 41 (Date) Tues (Day of Week) 10:A M. (Hour)

Services at Chapel

Clergyman Rev Perry (Address)

Religion of the Deceased none

Birthplace Italy

Resided in the State 30 (or U. S. or City or County) (Years) (Months)

Place of Death near Jenner

Cause of Death Drowning

Contributory Causes Auto overturned into River

Certifying Physician V. Silvershield (or Coroner)

His Address Santa Rosa

Name of Father —

His Birthplace —

Maiden Name of Mother —

Her Birthplace —

Motor Ship } Remains to

Size of Casket 6/3 #37 Low 3 San Ref. (State Color and Number)

Manufactured by C. C. Co

Cemetery Crematory } Mt. Sonoma

Diagram of Lot or Vault

Lot No. Ey. Thella

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 170 —
Casket	
Burial Vault or Box (State Kind)	10 —
Embalming Body (Name of Embalmer)	
Barber, $ ... Hair Dressing, $	
Dressing Body, $ ... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ... Hose, $	
Folding Chairs, $ ... Tarpaulin, $	
Candelabrum, $ ... Candles, $	
Door Spray, $ ... Gloves, $	
Funeral Car, $ ... Ambulance, $	
Limousines to Cemetery ... @ $	
Extra Limousines ... @ $	
Autos to R. R. Station ... @ $	
Getting Remains from ... Jx —	85.00
Taking Remains to ... Bx	10.00
Trip to Coroner's Inquest	9.5.00
Delivering Box to	2.5.00
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	6 —
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)	
Pall Bearer Service, $ ... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot ... 4 Poets	4 —
Cremation	
Flowers, $ ... Palms, $ ... Matting, $	
Rental of Tent, $ ... of Temporary Vault, $	
Opening of Grave or Tomb	15 —
Lining Grave, $ ... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ... Singers, $ ... Organist, $	
Railroad or Motor } Tickets, $ ... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service Rev Perry	5 —
... line Death Notices in ... Papers	
Examiner (Names of Newspapers)	3 85
Italian Daily News	3 50
Certified copies	1 —
Sales Tax	2 85
Total Footing of Bill	$ 221 20
Less	$ 9 —
Balance	$ 212 20

Entered into Ledger, page ... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	Dec 12/41	By Payment Paid in full	$	$ 212 20
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

surance $ ... Names of Lodges ... Insurance Companies ...

hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

r the payment of aforesaid sum; and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from

aturity at the rate of ... % per annum.

Signed ...

Witness ... Address ...

Compiled by F. J. FEINEMAN, St. Louis, Mo.

PREMIER QUALITY PAINTS
IMPERIAL WASHABLE WALLP.
Accampo Paint & Wallpaper C
1301 GRANT AVENUE SAN FRANCISCO
PHONE EXBROOK 0
RES: WEST 0679

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov. 14 1941

Name of Deceased Mario Rigazzi (What Race) W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence.....

Charge to Widow + James Thella ☐Husband ☐Wife ☐Widow } or Son of } Catrina Rigazzi

Address Rt. 1 Box 533 Santa Cruz

Order given by James Thella (or informant)

How Secured —

If Veteran, State War —

Occupation Laundry Work (Social Security Number)

Employer and Address —

Date of Death 11-14-41 (Date) (Hour)

Date of Birth Jan. 1 1922

Age 19 (Years) (Months) (Days)

Date of Funeral 11-18-41 (Date) Tues. (Day of Week) 10:00 (Hour) A.M.

Services at Chapel

Clergyman Rev. Perry (Address)

Religion of the Deceased Roman

Birthplace San Francesco

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Res. Jensen

Cause of Death Drowning

Contributory Causes Auto overturned into river

Certifying Physician T. Schweikhard (or Coroner)

His Address Soquel Road

Name of Father Angelo Rigazzi

His Birthplace Italy

Maiden Name of Mother Catrina Thella

Her Birthplace Italy

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Mt. Losana

Lot No.

Grave No.

Section No.

Block No.

Complet

Casket

Burial V

Embalmi

Barber, $

Dressing

Suit or D

Slippers,

Folding C

Candelab

Door Spr

Funeral C

Limousin

Extra Lin

Autos to

Getting F

Taking R

Trip to C

Delivering

Deliver Fl

Removal C

Procuring

Certif.

Pall Beare

Gross Tota

Outlay for

Cremation

Flowers, $

Rental of T

Opening of

Lining Gra

Outlay for

Clergyman,

Railroad / Motor } Tickets, $ Aero-plane Service, $

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service Rev. Perry

P.A. on Father's acct.

line Death Notices in Papers

Examiner (Names of Newspapers) 3 85

Italian Daily News on Father's Bill

Sales Tax 9 15

Total Footing of Bill $ 226 00

Less $ 10

Balance $ 216 —

Entered into Ledger, page or below.

6/3 Number 519

ion LIFT CAP CASKET Y.Y.C.Co.

COV. SILVER ROSELLE - UPHOLSTERI

PILLOW SET I56 IVORY-SQ. SH. PI

¼ DOZ. I962 R. S. HANDLES

Paid	Balance	Date		Amount Paid	Balance
	$	Dec 12/41	To Balance Forward		$
	$		By Payment full	$	$216 —
	$		" "	$	$
	$		" "	$	$
	$		" "	$	$
	$		" "	$	$
	$		" "	$	$
	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No.............. Yearly No.............. Date of Entry *Nov 22* 19*41*

Name of Deceased *Carlo E. Walter* *W* (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence *Bennett Valley Rd.* ☒Husband☐Wife☐Widow or ....of *Taisia* Age of Husband or Wife (if living) *41* Years

Charge to *Taisia Walter*

Address *Glen Ellen Rt 1 - B 34 A*

Order given by *"*

How Secured (or informant) *#75 down*

If Veteran, State War *World war Italian army*

Occupation *Retired contract painter* (Social Security Number)

Employer and Address ....

Date of Death *Nov. 22, 41* (Date) *12:30 P.M.* (Hour)

Date of Birth *Mar. 10, 1900*

Age *41* (Years) *8* (Months) *12* (Days)

Date of Funeral *11/22/41* (Date) *Sat.* (Day of Week) *4 P.* (Hour) M.

Services at *Chapel of Chimes S.R.*

Clergyman *(Chapel Chaplain)* (Address)

Religion of the Deceased *Prot.*

Birthplace *Italy*

Resided in the State (or U.S. or City or County) *19* (Years) (Months)

Place of Death *Glen Ellen Rt 1 B 34 A*

Cause of Death ....

Contributory Causes ....

Certifying Physician (or Coroner) *Wm Rogers*

His Address *Santa Rosa*

Name of Father *William Walter*

His Birthplace *Germany*

Maiden Name of Mother ....

Her Birthplace *Switzerland*

Motor/Ship } Remains to ....

Size of Casket *6-3 cov. China A.C.* (State Color and Number)

Manufactured by *G. F. C. Co.*

Cemetery/Crematory } *S. Rosa Chapel of Chimes*

Diagram of Lot or Vault

Lot No. ....

Grave No. ....

Section No. ....

Block No. ....

Owner ....

	$	
Complete Funeral (except outlay) *N.S.*	*92*	*—*
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $.......... Hair Dressing, $..........		
Dressing Body, $.......... Underwear, $..........		
Suit or Dress (State Kind and Color)		
Slippers, $.......... Hose, $..........		
Folding Chairs, $.......... Tarpaulin, $..........		
Candelabrum, $.......... Candles, $..........		
Door Spray, $.......... Gloves, $..........		
Funeral Car, $.......... Ambulance, $..........		
Limousines to Cemetery .....@ $		
Extra Limousines .....@ $		
Autos to R. R. Station .....@ $		
Getting Remains from *1/2 — 46.00*		
Taking Remains to		
Trip to Coroner's Inquest *138.00*		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $....		
Gross Total for Sales Tax		
Outlay for Lot		
Cremation *Charity*	*31*	*25*
Flowers, $..... Palms, $..... Matting, $.....		
Rental of Tent, $.... of Temporary Vault, $....		
Opening of Grave or Tomb		
Lining Grave, $...... Lowering Device, $......		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $....		
Railroad or Motor } Tickets, $........ Aero-plane Service, $....		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
....line Death Notices in......Papers (Names of Newspapers)		
Sales Tax	*1*	*38*
Total Footing of Bill	*124*	*63*
Less		
Balance		

Entered into Ledger, page......or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$	*Nov 22, 41*	To Balance Forward *Lelia Tietjen*	*75.00*	$
	By Payment	$	$	*Dec. 19, 41*	By Payment *Mrs. Walter*	$ *25 —*	$
	" "	$	$	*Feb. 6-42*	" " *In full*	$ *24.63*	$ *—*
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $.......... Names of Lodges.......... Insurance Companies..........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.......... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..........days from date. Interest to accrue from maturity at the rate of..........% per annum.

Signed..........

Witness.......... Address..........

RECORD OF FUNERAL

41

Total No..... Yearly No..... Date of Entry Nov. 24 1941

Name of Deceased Ray Austin Gottenberg W

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 3rd St. E. Sonoma ☒ Husband ☐ Wife ☐ Widow of ..... Edith

Age of Husband or Wife (if living) 44 Years

Charge to Edith Gottenberg

Address Sonoma

Order given by Dessie Dean (or informant)

How Secured

If Veteran, State War World War

Occupation Retired Grocery Merchant (Social Security Number)

Employer and Address

Date of Death Nov. 24, 41 (Date) 12:10 P.M. (Hour)

Date of Birth Aug. 15, 1896

Age 45 (Years) 3 (Months) 9 (Days)

Date of Funeral 11/26/41 (Date) Wed. (Day of Week) 10:30 A.M. (Hour)

Services at Chapel

Clergyman Jack London Post American Legion (Address)

Religion of the Deceased Prot.

Birthplace Sonoma, Cal.

Resided in the State Life (or U.S. or City or County) (Years) (Months)

Place of Death 3rd St. E. Sonoma

Cause of Death

Contributory Causes

Certifying Physician A. E. McGrath (or Coroner)

His Address Sonoma

Name of Father John Gottenberg

His Birthplace Germany

Maiden Name of Mother Agnes Lehn

Her Birthplace Cal.

Motor / Ship Remains to

Size of Casket 6/3 (State Color and Number)

Manufactured by

Cemetery / Crematory Redwood Chapel of Chimes

Lot No.

Complete Funeral (except outlays)	$ 215 —
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from ½ — 107.50	
Taking Remains to 3	
Trip to Coroner's Inquest 2,225 0	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	45 —
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad or Motor / Tickets, $ ..... Aeroplane / Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service	
....line Death Notices in .... Papers	2 —
Dem. & Rep. (Names of Newspapers)	
Sales Tax	3 23
Total Footing of Bill	$ 265 23
Less 5% on 215	$ 10 75
Balance	$ 254 48
Entered into Ledger, page .....or below.	52

CASKET No. 40 Size 6/3 Date

COVERING Shade #23 Silver Doeskin C. C. Co

DESCRIPTION No swell corners. #1345 1 - #1345 special white pillow se shirred pillow muslin backed.

Date		Amount Paid	Balance
	To Balance Forward		$
12-15-41	By Payment	$ 180 00	$
12-31-41	" In full	$ 74 52	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

42

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov. 24 1941

Name of Deceased Aaron Henry Pinkle W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence.....

☒ Husband ☐ Wife ☐ Widow } of Addie C.

or..... of } Age of Husband or Wife (if living) 56 Years

Charge to Arthur L. Pinkle

Address Sonoma Gen Del

Order given by.....

How Secured Tel. by Clark (or informant)

If Veteran, State War No.

Occupation Carpenter (Social Security Number)

Employer and Address.....

Date of Death Nov 24 41 (Date) 9:15 P.M. (Hour)

Date of Birth July 22, 1876

Age 65 (Years) 4 (Months) 1 (Days)

Date of Funeral 11/26/41 (Date) Wed (Day of Week) 3:30 P.M. (Hour)

Services at Chapel

Clergyman Rev Ray (Address)

Religion of the Deceased Presb.

Birthplace Benson, Ill

Resided in the State 8 (or U. S. or City or County) (Years) (Months)

Place of Death Victory Hospital Kenwood

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician C. B. Andrews (or Coroner)

His Address Sonoma

Name of Father.....

His Birthplace.....

Maiden Name of Mother.....

Her Birthplace.....

Motor Ship } Remains to.....

Size of Casket #3 6/3 Low 3 Pan Ort A.C. (State Color and Number)

Manufactured by Cal. C. Co.

Cemetery ~~Crematory~~ } Mt. Cem. Sonoma

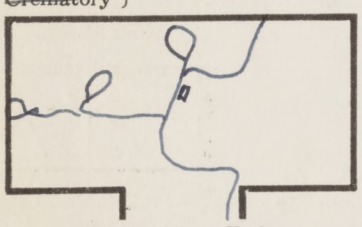


Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 170	—
Casket		
Burial Vault or Box (State Kind)	10	—
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress 10 Tx 30 (State Kind and Color)	10	30
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $ 1/2 = 85.00 10.00		
Funeral Car, $ ... Ambulance, $ RAY Suit 10.00		
Limousines to Cemetery ... @ $ 105.00 3.		
Extra Limousines ... @ $ 3.15		
Autos to R. R. Station ... @ $		
Getting Remains from 1/2 = 125.00		
Taking Remains to Ray 10.00		
Trip to Coroner's Inquest Suit 10.00		
Delivering Box to 35.00		
Deliver Flowers to		
Removal Charges 4 65.00		
Procuring Burial Permit (State Number and District)	6	—
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Casket Spray	10	—
Cremation Urn	7	50
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb	17	—
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service ... Rev. Ray	5	—
... Mrs. Granstead	5	—
... line Death Notices in ~~2~~ Papers (Names of Newspapers)		
Floral wreath by Carpenter	7	—
Sales Tax	2	85
Total Footing of Bill	$ 250	65
Less	$ 10	65
Balance	$ 240	00

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$	Nov. 25, 41	To Balance Forward		$ 240 —
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of..... % per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry ..... Nov. 27 ..... 19 41

Name of Deceased George Edward Thierkoff ..... W.
(What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 9- Palm ave, Healdsburg ..... ☒ Husband ☐ Wife ☐ Widow } Mary Thierkoff
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mary Thierkoff

Address 9- Palm Ave, Healdsburg

Order given by ..... (or informant)

How Secured To pay in 30 days

If Veteran, State War None

Occupation Retired Engineer (Social Security Number)

Employer and Address .....

Date of Death ~~Nov 27~~ 11-26-41 (Date) 6:30 P.M. (Hour)

Date of Birth April 23, 1872

Age 69 (Years) 7 (Months) 3 (Days)

Date of Funeral 11-29-41 (Date) Sat (Day of Week) 10:4 A.M. (Hour)

Services at St. Francis

Clergyman ..... (Address)

Religion of the Deceased .....

Birthplace Calif.

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death U. S. Hospital D.F.

Cause of Death Pulmonary hemorrhage

Contributory Causes Bronchogenic Carcinoma

Certifying Physician Cabot Brown (or Coroner)

His Address U.S. Hospital D.F.

Name of Father Frank

His Birthplace Alsace Lorraine

Maiden Name of Mother Ann Huber

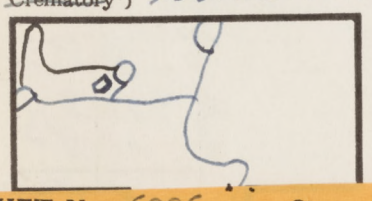
Her Birthplace Alsace Lorraine

Motor Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery Crematory } Sonoma Mt.



Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Complete Funeral (except outlays)	$ 280	—
Casket		
Burial Vault or Box (State Kind)	10	—
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ~~Nov 27~~ 12	140.00	
Taking Remains to ~~St~~ 12	10.00	
Trip to Coroner's Inquest	150.00	
Delivering Box to	45.00	
Deliver Flowers to		
Removal Charges Cemetery Permit	4	—
Procuring Burial Permit (State Number and District)	1	—
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	15	—
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Four Men	15	—
....line Death Notices in Tribune Papers (Names of Newspapers)	1	—
Sales Tax	4	50
Total Footing of Bill	$ 330	50
Less	$ 14	50
Balance	$ 316	00

Entered into Ledger, page ..... or below.

CASKET No. 6006 Size 6/3 Date 11/

COVERING 857 plat. Arcola
Cal. C. Co

DESCRIPTION Hinged cap 1427 ivory comet
ripple crush
1 1427 ivory comet pillow set
square ripple crush pillow.
1 set 437 3x0 roman butler lacq. ext

Balance	Date		Amount Paid	Balance
		To Balance Forward	$	$
	Dec 17 41	By Payment Jas Fell	$	$ 316 —
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness ..... Signed .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

44

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov 28 1941

Name of Deceased Louise M. Van Sicklen W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Crane Apts. Boyce Springs ☐Husband ☐Wife ☒Widow } Norton N. Van Sicklen

Charge to: Chas. Van Sicklen or..... of } Age of Husband or Wife (if living).....Years

Address Bx. 54 - Boyce Hot Springs

Order given by " (or informant)

How Secured

If Veteran, State War None

Occupation Housewife None (Social Security Number)

Employer and Address

Date of Death Nov. 28, 41 (Date) 7:35 A.M. (Hour)

Date of Birth Nov. 16, 1859

Age 82 (Years) — (Months) 12 (Days)

Date of Funeral 11-29-41 (Date) Sat (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev. Perry (Address)

Religion of the Deceased Prot.

Birthplace Philadelphia Penn

Resided in the State (or U. S. or City or County) 4 (Years) (Months)

Place of Death Crane Apts, Boyce Springs

Cause of Death

Contributory Causes

Certifying Physician C. B. Anderson (or Coroner)

His Address Sonoma

Name of Father Thomas G. Shepherd

His Birthplace Philadelphia Penn

Maiden Name of Mother Anna Hassy

Her Birthplace Philadelphia, Penn

Motor / ~~Ship~~ } Remains to Oakland Pier

Size of Casket (State Color and Number)

Manufactured by

Cemetery / ~~Crematory~~ } Geneva, Illinois

Complete Funeral (except outlays)	$ 385 —
Casket	
~~Burial Vault~~ or Box shipper (State Kind)	35 —
Embalming Body (Name of Embalmer)	
Barber, $ ... Hair Dressing, $	
Dressing Body, $ ... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ... Hose, $	
Folding Chairs, $ ... Tarpaulin, $	
Candelabrum, $ ... Candles, $	
Door Spray, $ ... Gloves, $	
Funeral Car, $ ... Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from 1/2 =	12.50
Taking Remains to Shipper	25.00
Trip to Coroner's Inquest	2.27.50
Delivering Box to	
Deliver Flowers to	1.82.50
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ ... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ ... Palms, $ ... Matting, $	
Rental of Tent, $ ... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ... Singers, $ ... Organist, $	
Railroad or Motor } Tickets, $ ... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service	
Rev. Perry	3 —
...line Death Notices in ... Papers (Names of Newspapers)	
	6 83
Tax	
Footing of Bill	$ 431 83
	$ 21 83
Balance	$ 410 00

...ed into Ledger, page ... or below.

Casket No. 2160 HP **Order No.**
Size 6/6 **Date**
S.F.C.Co

Covering Circassion Walnut Finished Redwood

Description Ascot Panel & Pillow
Lined HOB Crepede Chine Pillow Set
B & BP to match
361 3x1 Bronze & Brass Handles

Date		Amount Paid	Balance
Dec 2 1941	To Balance Forward	100 —	$ —
Dec 29 1941	By Payment Full	310	$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

45

Total No..... Yearly No..... Date of Entry Dec 5 19 41

Name of Deceased Stanley P. Gilbert W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence 687-2nd Ave. S.F. ☐Husband ☐Wife ☐Widow } Reginald L. Gilbert

Charge to Reginald L. Gilbert or Son of } Age of Husband or Wife (if living) ..... Years

Address 687-2nd ave. S.F.

Order given by ..... (or informant)

How Secured .....

If Veteran, State War None

Occupation Comm. Artist (Social Security Number) Med.

Employer and Address .....

Date of Death Brot 11-6-41 Found 12-5-41 (Date) (Hour)

Date of Birth Aug 30, 1919

Age 22 (Years) 2 (Months) 6 (Days)

Date of Funeral 12-6-41 (Date) ? (Day of Week) ? (Hour) M.

Services at Graveside, Cypress Lawn

Clergyman ? (Address)

Religion of the Deceased Prot.

Birthplace S.F. Calif.

Resided in the State ? (or U. S. or City or County) ? (Years) ? (Months)

Place of Death Island Gun Club, San Pablo Bay

Cause of Death Drowning

Contributory Causes .....

.....

Certifying Physician V. Silvercruys (or Coroner)

His Address S.F. Calif.

Name of Father Reginald Lewis Gilbert

His Birthplace Australia

Maiden Name of Mother Emily Dora Johnson

Her Birthplace Sonoma, Calif.

Motor Ship } Remains to Cypress Lawn

Size of Casket 6/3 (State Color and Number) Lined outside box

Manufactured by .....

Cemetery Crematory } Cypress Lawn

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Diagram of Lot or Vault

Complete Funeral (except outlays)	$	
Casket Lined box only		50 —
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		50.00 3
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		150 00
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to Cypress Lawn		22 —
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges ..... + Service		35 —
Procuring Burial Permit San Mateo (State Number and District)		2 —
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... + Palms, $ Casket ..... Matting, $		15 —
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ ..... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....		
....line Death Notices in ..... Papers (Names of Newspapers)		
.....		
.....		
Sales Tax		1 50
Total Footing of Bill	$	125 50
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
1-16-42	To Above Balance Statement		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
Jan 20 1942	To Balance Forward	50 —	$
	By Payment in full	$ 75 50	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry ~~Nov 29~~ Dec 6 1941

Name of Deceased George Bange

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Buena Vista ☐Husband ☐Wife ☐Widow or..... of } Age of Husband or Wife (if living).....Years

Charge to: County

Address.....

Order given by: H. Silverfield (or informant)

How Secured.....

If Veteran, State War ..... none

Occupation..... (Social Security Number)

Employer and Address .....

Date of Death Nov. 29-41 (Date) ? (Hour)

Date of Birth..... 1875

Age..... (Years) (Months) (Days)

Date of Funeral 12-6-41 (Date) Sat. (Day of Week) 2 P. M. (Hour)

Services at: Valley Cemetery

Clergyman: Rev. Perry (Address)

Religion of the Deceased Sonoma

Birthplace ..... Germany

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death. Schumanns Resort

Cause of Death Bronchopneumonia

Contributory Causes Arteriosclerotic heart disease + bronchial asthma

Certifying Physician Harding Clegg (or Coroner) Vernon Silverfield

His Address..... Santa Rosa

Name of Father..... unk.

His Birthplace..... unk.

Maiden Name of Mother..... unk

Her Birthplace..... unk

Motor / Ship } Remains to .....

Size of Casket..... (State Color and Number)

Manufactured by .....

Cemetery ~~Crematory~~ } Valley

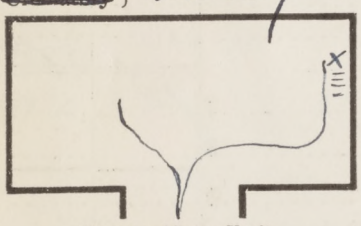


Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	35.00
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ½ — 17.50 3		
Taking Remains to		
Trip to Coroner's Inquest 5.25.0		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
....line Death Notices in.....Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	35.00
Less Tax	$	5.2
Balance	$	35 5.2

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$	June 9, 42	To Balance Forward full	35 5.2	$
5/14/42	By Payment Letter to Vern regarding Ins.	$	$		By Payment	$	$
5/20/42	Claim to Standard	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

47

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec. 21 1941

Name of Deceased Rosa Castagnetto W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Near Buena Vista ☐Husband ☐Wife ☒Widow } Wm Castagnetto

or..... of } Age of Husband or Wife (if living)..... Years

Charge to Estate of Rosa

Address P.O. Box 524 Sonoma

Order given by Wm Castagnetto Jr.
(or informant)

How Secured

If Veteran, State War —

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death 12/21/41 (Date) 2:30 P.M. (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral 12/23/41 (Date) Tues (Day of Week) 10 A. M. (Hour)

Services at St. Francis

Clergyman (Address)

Religion of the Deceased

Birthplace Italy

Resided in the State 40 (or U. S. or City or County) (Years) (Months)

Place of Death Near Buena Vista

Cause of Death

Contributory Causes

Certifying Physician E. J. Finnerty (or Coroner)

His Address Sonoma

Name of Father John Bacigalupi

His Birthplace Italy

Maiden Name of Mother Nicoletta Arata

Her Birthplace Italy

Motor Ship } Remains to

Size of Casket 2604/524 - 273 Platinum (State Color and Number)

Manufactured by V. Greppi Co.

Cemetery ~~Crematory~~ } Sonoma Valley

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 280	—
Casket		
Burial Vault or Box (State Kind)	10	—
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress 8.50 Grey 26 (State Kind and Color)	8	76
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ½	140.00	
Taking Remains to Mt	10.00	
Trip to Coroner's Inquest Novato	8.50	
Delivering Box to	1.50	
Deliver Flowers to	3.00	
Removal Charges	4.75	50
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ 7.50 Palms, $ .... Matting, $	7	50
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	12	50
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.... line Death Notices in Dly Papers	2	50
(Names of Newspapers)		
Sonoma Index	15	—
	4	50
Sales Tax		
Total Footing of Bill	$ 340	84
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
Jan. 16 '42	To Above Balance		$
	By Payment	$	$
Filed Jan 5 '42	" " Thru Bank	$	$
receipt held by Bank	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
Dec 12, 42 Don Hall	By Payment	$340 84	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

48

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry: Jan. 2 1942

Name of Deceased: John Nicholas Dowdall — White (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: El Verano

☒ Husband ☐ Wife ☐ Widow of ... Clara Dowdall.

Age of Husband or Wife (if living) 73 Years

Charge to: Clara Dowdall

Address: El Verano

Order given by ..... (or informant)

How Secured .....

If Veteran, State War: none

Occupation: Rancher (Social Security Number)

Employer and Address .....

Date of Death: 1-2-42 (Date) 2 P.M. (Hour)

Date of Birth: April 9-1862

Age: 79 (Years) 8 (Months) 21 (Days)

Date of Funeral: 1-5-42 (Date) Mon (Day of Week) 10 A.M. (Hour)

Services at: St. Francis Church

Clergyman: Father Keller (Address)

Religion of the Deceased: Catholic

Birthplace: El Verano, Calif.

Resided in the State: Life (or U. S. or City or County) (Years) (Months)

Place of Death: El Verano, Calif.

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician: E. J. Feineaty M.D. (or Coroner)

His Address: Sonoma Cal.

Name of Father: John Dowdall

His Birthplace: Ireland

Maiden Name of Mother: Agnes Seaver

Her Birthplace: Ireland

Motor Ship } Remains to .....

Size of Casket: #345 H.P. Broadcloth (State Color and Number)

Manufactured by: S. F. C. Co.

Cemetery Crematory } Catholic

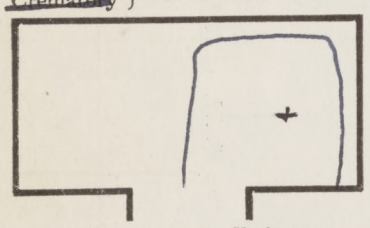


Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner .....

Complete Funeral (except outlays)	$	280.00
Casket		
Burial Vault or Box: Redwood (State Kind)		10 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ½ —		140.00
Taking Remains to Morp		10.00
Trip to Coroner's Inquest		150.00
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot: One grave —		10 —
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		12 50
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
20 line Death Notices in S.F.Ex. Papers 2 times		12 50
Local (Names of Newspapers)		2 58
Low Mass		15 —
Sales Tax		4 50
Total Footing of Bill	$	347.08
Less	$	14 58
Balance	$	332 50

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$	Feb 5 '42	To Balance Forward		$ 332 50
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. ... Yearly No. ... Date of Entry Jan 9 1942

Name of Deceased Nellie A. Figerick

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Hyde Track ☐Husband ☐Wife ☒Widow } Adam J.

Charge to Miss Olive Hampton or ... of } Age of Husband or Wife (if living) ... Years

Address 1735 Van Nuys Ave. St. L.

Order given by " (or informant)

How Secured

If Veteran, State War none

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death 1/9/42 (Date) 8:20 P.M. (Hour)

Date of Birth April 22 Unknown

Age 80 (Years) (Months) (Days)

Date of Funeral 1/12/42 (Date) Mon (Day of Week) 9:30 A.M. (Hour)

Services at Church

Clergyman Father Keller (Address)

Religion of the Deceased Catholic

Birthplace Ireland

Resided in the State 65 (or U. S. or City or County) (Years) (Months)

Place of Death Barnadale

Cause of Death

Contributory Causes

Certifying Physician C. B. Anderson (or Coroner)

His Address Normandy

Name of Father Richard A. Callahan

His Birthplace Ireland

Maiden Name of Mother Mary M. Mason

Her Birthplace Ireland

Motor Ship } Remains to

Size of Casket 6/3 Ort Flat Top A.C. (State Color and Number)

Manufactured by G. C. Co.

Cemetery Crematory } Mt. Normandy

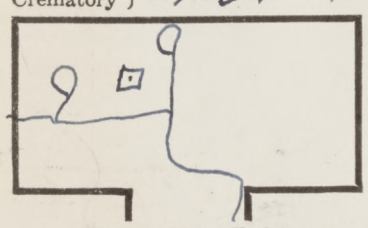


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 140	—
Casket		
Burial Vault or Box (State Kind)	10	—
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from ½	10.00	
Taking Remains to Bur.	10.00	
Trip to Coroner's Inquest	80.00	
Delivering Box to 3		
Deliver Flowers to 24000		
Removal Charges		
Procuring Burial Permit (State Number and District)	4	—
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb	18	
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Escort at Chapel	10	—
... line Death Notices in ... Papers (Names of Newspapers)		
Sales Tax	2 40	
Total Footing of Bill	$ 184 40	
Less	$ 7 50	
Balance	$ 176 90	

Entered into Ledger, page ... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
1-16-42	To Above Balance		$	Jan 25 42	To Balance Forward		$ 176 90
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed ...

Witness ... Address ...

Compiled by F. J. FEINEMAN, St. Louis, Mo.

50

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Jan 12 1942

Name of Deceased Carl Yaeger (What Race) White

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 4th St West Sonoma ☐Husband ☐Wife ☐Widow } Rosa

or.....of } Age of Husband or Wife (if living).....Years

Charge to Anna Filch

Address 390 San Diego Ave, Daily City

Order given by ... Mrs Marin Sonoma (or informant)

How Secured 418 Kentucky St Vet

If Veteran, State War none

Occupation Rancher none (Social Security Number)

Employer and Address

Date of Death Jan 12, 42 (Date) Found 4:P.M. (Hour)

Date of Birth Feb 26, 1888

Age 53 (Years) 10 (Months) 16 (Days)

Date of Funeral 1/15/42 (Date) Thurs (Day of Week) 10 A.M. (Hour)

Services at St. Francis Church

Clergyman (Address)

Religion of the Deceased

Birthplace Germany

Resided in the State 30 (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma

Cause of Death Gunshot Wound in head

Contributory Causes Self inflicted

Certifying Physician V. Silvershield (or Coroner)

His Address Sonoma

Name of Father Carl Yaeger

His Birthplace Germany

Maiden Name of Mother

Her Birthplace Germany

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Sonoma Catholic

345 HP
6/3

Order No.
Date 1/5/42

#238

F.C.Co

Pebble Panel & Rd Pillow
Lined Stanwyx Pillow Set
353 3x0 Spt Handles

Complete Funeral (except outlays)	$ 280	—
Casket		
Burial Vault or Box (State Kind)	10	—
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from 1/2 ... 140.00		
Taking Remains to Rm ... 10.00		
Trip to Coroner's Inquest ... 150.00 3		
Delivering Box to ... 45 00.0		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb	12 50	
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
... line Death Notices in ... Papers	2 50	
Tom Index (Names of Newspapers)	15 —	
	4 50	
Sales Tax		
Total Footing of Bill	$ 324 58	
Less	$	
Balance	$ 310 08	

Entered into Ledger, page .....or below.

Date		Balance	Date		Amount Paid	Balance
	Balance	$	Jan 15 42	To Balance Forward	310 08	$
	By Payment	$		By Payment	$	$
Feb 7, 42	Filed at C.	$		" "	$	$
	" "	$		" "	$	$
	" "	$		" "	$	$
	" "	$		" "	$	$
	" "	$		" "	$	$
	" "	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Feb. 5 1942

Name of Deceased Henry F. Dwyer W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Sonoma ☐Husband ☐Wife ☐Widow } Mary Dwyer

or.....of } Age of Husband or Wife (if living).....Years

Charge to Mary Dwyer

Address Sonoma, Calif.

Order given by " (or informant)

How Secured Cash

If Veteran, State War

Occupation Electrician none (Social Security Number)

Employer and Address

Date of Death Feb 5, 42 (Date) 11:30 A.M. (Hour)

Date of Birth Oct 6 1862

Age 79 (Years) 3 (Months) 29 (Days)

Date of Funeral 2/7/42 (Date) Sat (Day of Week) 2 P.M. (Hour)

Services at Church

Clergyman Temple Lodge 714 First St. Napa (Address)

Religion of the Deceased

Birthplace Mass

Resided in the State # (or U. S. or City or County) (Years) (Months)

Place of Death Napa State Hospital Napa

Cause of Death Arteriosclerotic Heart Disease

Contributory Causes

Certifying Physician C. Caulkins (or Coroner)

His Address Napa State Hospital Napa

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery } C. of C. Santa Rosa

Complete Funeral (except outlays) $	180 —
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from 1/2 90.00	
Taking Remains to none 3	
Trip to Coroner's Inquest 27.00	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, $ Use of Chapel, $ (State Physician's or Coroner's)	
Gross Total for Sales Tax $	
Outlay for Lot	
Cremation	45 —
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ Singers, $ Organist, $	
Railroad or Motor } Tickets, $ Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service	
Mrs Translegd	5 —
line Death Notices in 2 papers	2 58
Rev Terry	5 —
(Names of Newspapers)	
Sales Tax	2 70
Total Footing of Bill $	240 28
Less $	
Balance $	
Entered into Ledger, page or below.	

CASKET No. 37 **Size** 6/3 **Date** 11/2[illegible]

COVERING shade 3 Silver American crepe C.C.Co.

DESCRIPTION 5 1/3 yds #1349 white lining
1/4 dz 403 Spartan handles.
Trim complete.

						Date		Amount Paid	Balance
							To Balance Forward		$
		By Payment	$		$	Feb 12, 42	By Payment	$ 100 —	$
		" "	$		$	Aug 29, 42	"	$ 20 —	$
		" "	$		$	Oct. 30-42	"	$ 20	$
		" "	$		$	April 16, 43	"	$ 20 —	$
		" "	$		$	June 20 43	"	$ 20 —	$
		" "	$		$	Nov. 13-43	" in full	$ 6028	$
		" "	$		$		"	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

52

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Feb 7 1942

Name of Deceased Thomas F. Ryan W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Glen Ellen Sonoma ☐Husband ☐Wife ☒Widow } Florence

or.....of } Age of Husband or Wife (if living).....Years

Charge to Vernet Ryan

Address P.O. Box 125 Sonoma

Order given by.....
(or informant)

How Secured.....

If Veteran, State War.....

Occupation Dairy Rancher

(Social Security Number)

Employer and Address.....

Date of Death Feb 7, 42 8:15 P.M.
(Date) (Hour)

Date of Birth June 30, 1877

Age 64 6 7
(Years) (Months) (Days)

Date of Funeral 2/10/42 Tues 10:A. M.
(Date) (Day of Week) (Hour)

Services at St Francis

Clergyman.....
(Address)

Religion of the Deceased.....

Birthplace Solano Co. Calif.

Resided in the State Life
(or U. S. or City or County) (Years) (Months)

Place of Death Burndale

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician G. J. Finnerty
(or Coroner)

His Address Sonoma

Name of Father Daniel Ryan

His Birthplace Ireland

Maiden Name of Mother Catherine Gorman

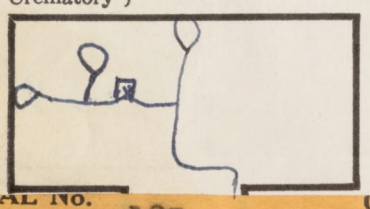
Her Birthplace Ireland

Motor Ship } Remains to.....

Size of Casket.....
(State Color and Number)

Manufactured by Cal. Casket Co.

Cemetery Crematory } Mt. Sonoma



Lot No.....

Grave No.....

Section No.....

Block No.....

Complete Funeral (except outlays)	$	183 50
Casket		
Burial Vault or Box (State Kind)		10 —
Embalming Body (Name of Embalmer)		
Barber, $.....Hair Dressing, $		
Dressing Body, $.....Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $.....Hose, $		
Folding Chairs, $.....Tarpaulin, $		
Candelabrum, $.....Candles, $		
Door Spray, $.....Gloves, $		
Funeral Car, $.....Ambulance, $		
Limousines to Cemetery.....@ $		
Extra Limousines.....@ $		
Autos to R. R. Station.....@ $		
Getting Remains from 1/2 = 9.1.75		
Taking Remains to Bd. 10.00		
Trip to Coroner's Inquest 10.1.75		
Delivering Box to 3		
Deliver Flowers to 3, 0 5 25		
Removal Charges		
Procuring Burial Permit (State Number and District)		4 —
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ Casket Sprays Palms, $ Matting, $		7 50
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb 20 + Cement 15		35 —
Lining Grave, $.....Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $.....Singers, $....Organist, $		
Railroad or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Mass		15 —
.....line Death Notices in ...1... Papers		
Posted (Names of Newspapers)		2 5 8
Sales Tax		3.06
Total Footing of Bill	$	260 64
Less	$	
Balance	$	

Entered into Ledger, page.....or below.

CASKET No. 185 ORDER No. 3266

CASKET No. 40 Size 6/3 Date 11/2

COVERING shade 23 silver doeskin

DESCRIPTION C C Co.
No swell corners
1345 white puffing.
1 #1345 special white -pillow set
Square shirred pillow. Muslin backing
Trim inside

Balance	Date		Amount Paid	Balance
		To Balance Forward		$
	Feb 7, 42	By Payment	$ 50 00	$
	Mar 4, 42	" "	$ 100 —	$
	July 16, 42	" " Infull	$ 110 64	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$

Insurance $.....Lodges.....Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Brother-in-Law. Lyle Bilyeau
Rt 4 Bx 316
Petaluma

53

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Feb 11 1942

Name of Deceased Ronald Hill (What Race)

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence..... ☐Husband ☐Wife ☐Widow or.....of } Age of Husband or Wife (if living).....Years

Charge to Alfred L. Hill

Address Schellville, Shasta Dam Calif

Order given by Chicken Colony (or informant)

How Secured $10 - 15 weekly

If Veteran, State War.....

Occupation — (Social Security Number)

Employer and Address —

Date of Death 2/11/42 (Date) 7 P.M. (Hour)

Date of Birth Feb 5 42

Age 7 (Years) (Months) (Days)

Date of Funeral 2/13/42 (Date) Fri (Day of Week) 3 P.M. (Hour)

Services at Sausalito

Clergyman Rev Ray (Address)

Religion of the Deceased Lutheran

Birthplace Sonoma, Calif

Resided in the State 5 yrs (or U.S. or City or County) (Years) (Months)

Place of Death Children's Hospital S.F.

Cause of Death Patent ductus

Contributory Causes.....

.....

Certifying Physician John J Kingston (or Coroner)

His Address Arroyo Vista S.F.

Name of Father Alfred L.

His Birthplace Kingsley Kansas

Maiden Name of Mother Velma Gonce

Her Birthplace Orange Texas

Motor Ship } Remains to.....

Size of Casket 2/0 Wh Lambskin (State Color and Number)

Manufactured by S.F.C.Co.

Cemetery Crematory } Mt Lawn

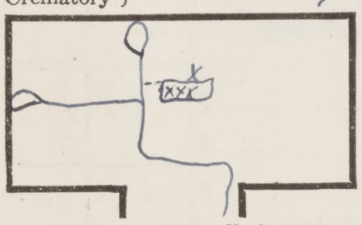


Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	
Casket agreed		23 69
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $ 1/2 - 11.85		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $ 3.55		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from S.F.		15 —
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges Burial Permit		1
Procuring Burial Permit Cemetery (State Number and District)		6 —
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $ ..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		7 —
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		10 —
.....line Death Notices in.....Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	~~64 69~~
Less	$	62 69
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Statement & Letter June 29'42	To Above Balance	$	$	Aug 29,4	~~To~~ Balance Forward	~~20~~ —	$
6/20/44	By Payment	$	$		By Payment	$	$
2/14/45	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Statement March 3, 1942

54

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Feb. 18 1942

Name of Deceased Herman Kuehl

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race) W.

Residence.....

☐Husband ☐Wife ☐Widow } of..... Age of Husband or Wife (if living).....Years

Charge to Frank Allgaier

Address Rt. 2 Box 563 Aroma

Order given by Executor (or informant)

How Secured Estate of Cash

If Veteran, State War —

Occupation Poultryman (Social Security Number)

Employer and Address.....

Date of Death Feb. 18, 42 (Date) 4 A.M. (Hour)

Date of Birth May 19, 1874

Age 67 (Years) 8 (Months) 29 (Days)

Date of Funeral 2/21/42 (Date) Sat (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev. Penny (Address)

Religion of the Deceased.....

Birthplace Germany

Resided in the State 38 (or U. S. or City or County) (Years) (Months)

Place of Death Burnside

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician E. C. Finnerty (or Coroner)

His Address Aroma

Name of Father —

His Birthplace Germany

Maiden Name of Mother.....

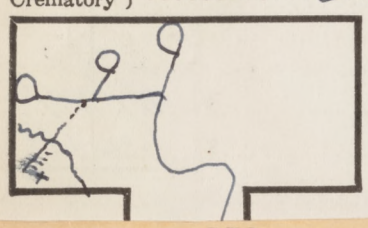
Her Birthplace Germany

Motor / Ship } Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by.....

Cemetery / Crematory } Mt. Cemetery



Lot No.....

Grave No.....

Section No.....

Block No.....

Complete Funeral (except outlays)	$	215 —
Casket		
Burial Vault or Box (State Kind)		10 —
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 1/2 = 107.50		
Taking Remains to Bur. 10.00		
Trip to Coroner's Inquest 117.50		
Delivering Box to 3.50		
Deliver Flowers to 3.50		
Removal Charges 2 Pall		2 —
Procuring Burial Permit (State Number and District)		6 —
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ~~Casket Spray~~ Plants, $ ~~Lining~~ Matting, $		10 —
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		20 —
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Telegram to Mrs. N.Y.		1 32
line Death Notices in ..... Papers		
Index Tribune (Names of Newspapers)		1 03
Rev Penny		5 —
Mrs Pinkstead		5 —
		3 52
Sales Tax		
Total Footing of Bill	$	268 87
Less	$	11 25
Balance	$	257 62

Entered into Ledger, page.....or below.

3 Number 519

LIFT CAP CASKET-COV. SILVER ROSELLE

UPHOLSTERED

PILLOW SET I56 IVORY-SQ. SH. PILLOW

	Balance		Date		Amount Paid	Balance
				To Balance Forward		$
				By Payment	$	$
			Mar 24, 42	"	$ 257 62	$
				"	$	$
Mar 24 42		Filed		"	In full	$
				"	$	$
				"	$	$
				"	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Feb 19 1942

Name of Deceased Richard W. Vernon W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Rt. 1 Box 433 Arcola ☒ Husband ☐ Wife ☒ Widow } Elgin, Ill.
or..... of } Age of Husband or Wife (if living).....Years

Charge to.....

Address.....

Order given by..... (or informant)

How Secured.....

If Veteran, State War —

Occupation Fruit Rancher (Social Security Number)

Employer and Address.....

Date of Death Feb 19, 42 (Date) 11:30 P.M. (Hour)

Date of Birth Dec. 17, 1856

Age 85 (Years) 2 (Months) 5 (Days)

Date of Funeral 2/23/42 (Date) Mon (Day of Week) 10:0 A.M. (Hour)

Services at Chapel

Clergyman Rev Perry (Address)

Religion of the Deceased.....

Birthplace Missouri

Resided in the State 31 (or U. S. or City or County) (Years) (Months)

Place of Death Home Rt. 1 Box 433

Cause of Death Myocardial Failure

Contributory Causes arteriosclerosis

.....

Certifying Physician A. T. McGrath (or Coroner)

His Address Arcola

Name of Father Dock Vernon

His Birthplace —

Maiden Name of Mother.....

Her Birthplace Tennessee

Motor Ship } Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by.....

Cemetery Crematory }.....

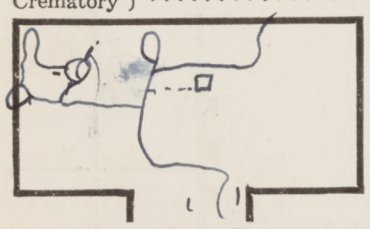


Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	280 —
Casket		
Burial Vault or Box (State Kind)		10 —
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ... Rt 2		140.00
Taking Remains to ... Box		10.00
Trip to Coroner's Inquest		10.00 3
Delivering Box to		45.00
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		4 —
Certif. Copies of Death Certificates No.		
Pall Bearer Service, $.... Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		15 —
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
....line Death Notices in..... Papers		2 50
Rev Perry (Names of Newspapers)		5 —
Mrs Grimstead		5 —
Sales Tax		4 50
Total Footing of Bill	$	326 08
Less	$	
Balance	$	

Entered into Ledger, page..... or below.

CASKET No. 6006 Size 6/3 Date 11/27

COVERING Shade 857 Plat. Arcola

DESCRIPTION Hinged cap #1427 Ivory comet
Ripple crush.
1 1427 Ivory comet pillow set.
square ripple crush pillow
1 set 437 3x0 Roman Butler Lacq. Ext.
handles.
Trim complete.

Insurance $..... Lodges Ellis Vernon To pay 50
Sonoma R.E.A.

Balance	Date		Amount Paid	Balance
		To Balance Forward		$
	Feb 28 '42	Richard Vernon By Payment	$	$ 92 —
	March 10 1948	Mrs Abbott	$	$ 10 —
	" 11	Ren Vernon	$	$ 50 —
	April 10, 42	Mrs Abbott	$	$ 10 —
	April 16, 42	Ren Vernon	$	$ 10 —
	May 13, 42	Mrs Abbott	$	$ 10 —
	June 10 42	" Mrs Abbott	$	$ 10 —
	" 10	Insurance Companies Ren Vernon		32
	July 7	Mrs Abbott		10 —
	Aug 10	" "		10 —
	Sept 7	" "		10 —
	Oct 7	" "		10 —
	Nov 7	" "		10 —
	Dec 7	" "		10 —
	Jan 7 43	" "		10 —
	Feb 7	" "		10 —
	Oct. 21 43	Ellis Vernon		8.08

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Witness..... Signed..... Address.....

Statement Feb 26, 42

Compiled by F. J. FEINEMAN, St. Louis, Mo.

56

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Feb. 23 1942

Name of Deceased Louis Manry W.
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Ed. Verano, Sally ☐Husband ☐Wife ☐Widow
or.....of } Age of Husband or Wife (if living).....Years

Charge to Mrs. Helene Craib

Address Ed. Verano, Sally

Order given by.....
(or informant)

How Secured.....

If Veteran, State War.....

Occupation Retired Rancher
(Social Security Number)

Employer and Address.....

Date of Death Feb. 23, 1942 9. a.m.
(Date) (Hour)

Date of Birth Jan. 22, 1865

Age 77 (Years) 1 (Months) 1 (Days)

Date of Funeral Feb. 25, Wednesday 10. a.m.
(Date) (Day of Week) (Hour)

Services at St. Frances

Clergyman.....
(Address)

Religion of the Deceased.....

Birthplace France

Resided in the State State 35 yrs. U.S. 50 yrs
(or U. S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician E. J. Finnerty
(or Coroner)

His Address Sonoma, Sally

Name of Father Unknown

His Birthplace France

Maiden Name of Mother Marguerite Del Croo

Her Birthplace France

Motor / Ship } Remains to.....

Size of Casket.....
(State Color and Number)

Manufactured by.....

Cemetery / Crematory } Sonoma Catholic

Complete Funeral (except outlays)	$ 170	—
Casket		
Burial Vault or Box (State Kind)	10	—
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from 1/2 = 85.00		
Taking Remains to 1/2 10.00		
Trip to Coroner's Inquest 95.00 3.		
Delivering Box to 285.00		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb	12	50
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service ~~Low Mass~~	15	—
... line Death Notices in ... Papers (Names of Newspapers)		
Sales Tax	2	85
Total Footing of Bill	$ 210	35
Less	$	
Balance	$	
Entered into Ledger, page ... or below.		

Casket No. 30
Size 6/3
Covering F. C. Co Grey Am

Description Lined WW
338 Spt Handles

				Balance	Date		Amount Paid	Balance
	To Above Balance			$	Feb. 23, 42	To Balance Forward	50 —	$
	By Payment	$		$	June 10 42	By Payment in full	$ 160 35	$ —
	" "	$		$		" "	$	$
	" "	$		$		" "	$	$
	" "	$		$		" "	$	$
	" "	$		$		" "	$	$
	" "	$		$		" "	$	$
	" "	$		$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1945 Yearly No. ..... Date of Entry Feb. 25 ..... 19 42

Name of Deceased Arthur Alexander Booker ..... W
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Boyes Springs, Calif. ☐Husband ☐Wife ☐Widow or ..... of } .....
Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Anderson

Address Sonoma Real Estate Broadway

Order given by ..... (or informant)

How Secured .....

If Veteran, State War .....

Occupation Carpenter 503-12-4119 (Social Security Number)

Employer and Address Navy yard

Date of Death Feb. 25, 1942 (Date) (Hour)

Date of Birth Feb. 10, 1914

Age 28 (Years) 0 (Months) 16 (Days)

Date of Funeral Feb. 4, 1942 (Date) Wednesday (Day of Week) 2 (Hour) P.M.

Services at Chapel

Clergyman Rev. Ray (Address)

Religion of the Deceased .....

Birthplace Reliance, S. Dakota

Resided in the State ..... (or U. S. or City or County) 2 (Years) 6 (Months)

Place of Death Petaluma, Stage Gulch Rt.

Cause of Death .....

Contributory Causes .....

Coroner
Certifying Physician Vernon Silvershield (or Coroner)

His Address Santa Rosa, Calif.

Name of Father Alexander Booker

His Birthplace Wisconsin

Maiden Name of Mother Gertrude Merkamp

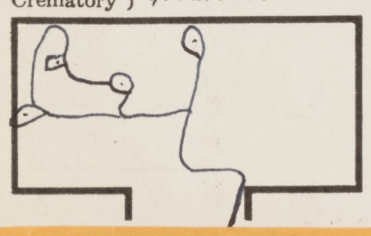
Her Birthplace Plankinton, S. Dakota

Motor Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery Crematory } Mt. Cemetery



Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$ 280	—
Casket		
Burial Vault or Box (State Kind)	10	—
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ½ = 140.00 10.00		
Taking Remains to 150.00		
Trip to Coroner's Inquest 3		
Delivering Box to 45.00		
Deliver Flowers to		
Removal Charges Petaluma Permit	1	—
Procuring Burial Permit (State Number and District)	1	—
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 1 grave	1	—
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $	7	50
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	17	—
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service ... Rev. Ray	5	—
... Mrs. Grunstead	5	—
....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax	4	50
Total Footing of Bill	$ 332	00
Less	$ 14	56
Balance	$ 317	44

Entered into Ledger, page ..... or below.

CASKET No. ~~SMS~~ 6006 **Size** 6/3 **Date** 2/25/42 C. C. Co

COVERING Shade 857 Platinum Arcola

DESCRIPTION Hinged cap 1427 Ivory comet ripple crush.
1 1429 Ivory comet pillow set, square ripple crush pillow.
1 set 437 3x0 Roman Butler lacq. Ext. handles.
Trim complete.

Date		Amount Paid		Balance	
Mar 4 42	To Balance Forward	100	—	$	
Mar 28 42	By Payment	130	94	$	
Mar 28 42	" "	86	50	$	
	" "			$	
	" "	In full		$	
	" "			$	
	" "			$	
	" "			$	

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

58

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry... March 2 ....19.42

Name of Deceased... Peter J. Miller ..... W.
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence. Agua Caliente, Rural ..... ☐Husband ☐Wife ☐Widow
or..... .....of } Age of Husband or Wife (if living).....Years

Charge to: Boyd J. Miller .....

Address. Rt. 1 Bx 42 Sonoma .....

Order given by.....
(or informant)

How Secured.....

If Veteran, State War ..... None .....

Occupation. Retired Carpenter .....
(Social Security Number)

Employer and Address .....

Date of Death... March 2, 1942 ..... 3 a.m.
(Date) (Hour)

Date of Birth. Sept. 12, 1855 .....

Age..... 86 ..... 5 ..... 20 .....
(Years) (Months) (Days)

Date of Funeral. Mar. 4 ..... Wed. ..... M.
(Date) (Day of Week) (Hour)

Services at.: Chapel .....

Clergyman.: Rev. Perry Sonoma .....
(Address)

Religion of the Deceased.....

Birthplace Pennsylvania .....

Resided in the State ..... 23 .....
(or U. S. or City or County) (Years) (Months)

Place of Death. Agua Caliente Rural .....

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician.....
(or Coroner)

His Address.....

Name of Father. Edward Miller .....

His Birthplace. Unknown .....

Maiden Name of Mother. Laish Mary .....

Her Birthplace..... Wales .....

Motor Ship } Remains to .....

Size of Casket #27 - Eng Steel Crepe .....
(State, Color and Number)

Manufactured by... C. C. Co .....

Cemetery Crematory } Mt. Cemetery Sonoma .....

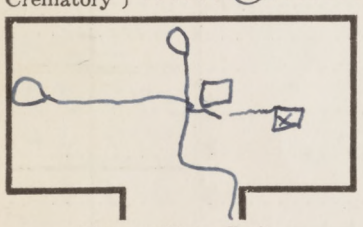


Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays) ..... $	190	—
Casket		
Burial Vault or Box ..... (State Kind)	10	—
Embalming Body ..... (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress ..... (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ..... 1/2 — 95.00 1000		
Taking Remains to		
Trip to Coroner's Inquest 105.00 3		
Delivering Box to		
Deliver Flowers to 3 1/4 5 0 0		
Removal Charges		
Procuring Burial Permit ..... (State Number and District)	1	—
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $ ..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb	15	—
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service. Rev. Perry	5	—
.....		
....line Death Notices in Petaluma papers	2	58
..... Mrs. Priestley organ music (Names of Newspapers)	2	50
.....		
.....		
Sales Tax	3	15
Total Footing of Bill ..... $	229	23
Less ..... $		
Balance ..... $		

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Resold at advance price Mar. 15, 42 Page 61	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$	March 5, 42	By Payment	$ 33.00	$ 196.23
	" "	$	$		" "	$ 40 —	$ 156.23
	" "	$	$	July 3, 42	" "	$ 40 —	$ 116.23
	" "	$	$		" "	$ 36.23	$ 80 —
	" "	$	$	Aug 5, 42	" "	$ 80 —	$ ~~80~~
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. .... Yearly No. .... Date of Entry *March 3* 19*42*

Name of Deceased *John B Benedetto* *W.* (What Race)

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence *Boyes Springs, Calif* ☐Husband ☐Wife ☐Widow or .... of *Ella* Age of Husband or Wife (if living) .... Years

Charge to *Mrs. Ella Benedetto*

Address *Boyes Springs, Calif*

Order given by (or informant) ....

How Secured ....

If Veteran, State War ....

Occupation *Skating Rink Mgr. None* (Social Security Number)

Employer and Address ....

Date of Death *March 3, 1942* (Date) *10:30 P.M.* (Hour)

Date of Birth *Jan. 24, 1881*

Age *61* (Years) *1* (Months) *9* (Days)

Date of Funeral *Mar. 6, 1942* (Date) *Friday* (Day of Week) *10:00 A.M.* (Hour)

Services at *St. Francis*

Clergyman .... (Address)

Religion of the Deceased ....

Birthplace *Italy.*

Resided in the State *State 25 yrs. USA 50 yrs* (or U. S. or City or County) (Years) (Months)

Place of Death *Tanner Hospital S.R.*

Cause of Death ....

Contributory Causes ....

Certifying Physician (or Coroner) *Dr. Bulman*

His Address *Santa Rosa.*

Name of Father *unknown*

His Birthplace *Italy.*

Maiden Name of Mother *Unknown*

Her Birthplace *Italy.*

Motor / Ship } Remains to ....

Size of Casket *6/6 #46 Shade Cedar Tioga* (State Color and Number)

Manufactured by *Cal. Casket Co.*

Cemetery / Crematory } *Mt. Cemetery Sonoma Cal.*

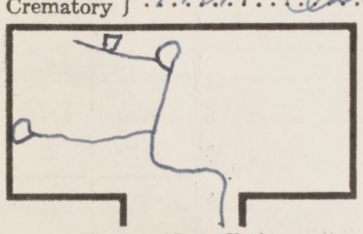


Diagram of Lot or Vault

Lot No. ....
Grave No. ....
Section No. ....
Block No. ....
Owner ....

Item	$	¢
Complete Funeral (except outlays) $	*315*	*—*
Casket		
Burial Vault or Box (State Kind)	*10*	*—*
Embalming Body (Name of Embalmer)		
Barber, $ .... Hair Dressing, $		
Dressing Body, $ .... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ .... Hose, $		
Folding Chairs, $ .... Tarpaulin, $		
Candelabrum, $ .... Candles, $		
Door Spray, $ .... Gloves, $		
Funeral Car, $ .... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ... *1/2 157.50*		
Taking Remains to ... *10 00*		
Trip to Coroner's Inquest ... *167.50* *3*		
Delivering Box to		
Deliver Flowers to ... *502.50*		
Removal Charges		
Procuring Burial Permit (State Number and District)	*1*	*—*
... Certif. Copies of Death Certificates No. ____ (State Physician's or Coroner's		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot		
Cremation		
Flowers, $ .... Palms, $ .... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	*26*	*—*
Lining Grave, $ .... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ .... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ .... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service *Low mass*	*15*	*—*
.... line Death Notices in *P.A.* Papers (Names of Newspapers) *Posted*	*5* / *2*	*58* / *58*
Sales Tax	*5*	*03*
Total Footing of Bill $	*380*	*19*
Less $		
Balance $		

Entered into Ledger, page ...... or below.

att. S. K. McMullin S. Rosa.
Grim... file 4/8/42
(ceiling price)
above att. in army
Lambert now acting

Date			Amount Paid	Balance	Date		Amount Paid	Balance
		To Above Balance		$		To Balance Forward		$
		By Payment	$	$		By Payment	$	$
		" "	$	$	*Oct 10, 42*	*In full*	$ *380.19*	$
		" "	$	$		" "	$	$
		" "	$	$		" "	$	$
		" "	$	$		" "	$	$
		" "	$	$		" "	$	$
		" "	$	$		" "	$	$

Insurance $ .... Names of Lodges .... Insurance Companies ....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .... days from date. Interest to accrue from maturity at the rate of .... % per annum.

Signed ....

Witness .... Address ....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

60

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry March 7 1942

Name of Deceased Harlie J. Baker W (What Race)

☒ Married ☐ Single ☑ Widowed ☐ Divorced

Residence Boyes Springs, Caly

☐ Husband ☒ Wife ☐ Widow or ..... of Marion Baker

Age of Husband or Wife (if living) 44 Years

Charge to Marion Baker

Address Boyes Springs

Order given by ..... (or informant)

How Secured .....

If Veteran, State War .....

Occupation Meat Cutter 559-16-3371 (Social Security Number)

Employer and Address .....

Date of Death March 7. 1942 (Date) about 6:30 P.M. (Hour)

Date of Birth March 13. 1901

Age 40 (Years) 11 (Months) 24 (Days)

Date of Funeral March 9. 1942 (Date) Monday (Day of Week) 2:00 P. M. (Hour)

Services at Chapel

Clergyman Rev Perry Sonoma, Cal (Address)

Religion of the Deceased .....

Birthplace Colorado

Resided in the State ..... (or U. S. or City or County) 3 (Years) ..... (Months)

Place of Death Boyes Springs

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Dr Andrews Sonoma (or Coroner)

His Address Sonoma, Caly

Name of Father James Baker

His Birthplace Unknown

Maiden Name of Mother Unknown

Her Birthplace Unknown

Motor Ship } Remains to .....

Size of Casket 345-N.P. 74-P. (State Color and Number)

Manufactured by S.F.C.C.P.

Cemetery Crematory } Mt. Cemetery Sonoma, Caly

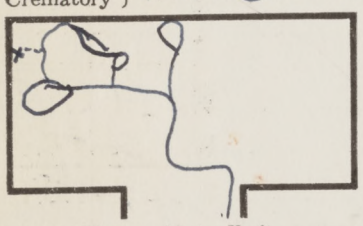


Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	280 —
Casket		
Burial Vault or Box (State Kind)		10 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ½ = 140.00		
Taking Remains to Bx 10.00		
Trip to Coroner's Inquest 150.00 3		
Delivering Box to		
Deliver Flowers to 4 50 00		
Removal Charges 1		
Procuring Burial Permit (State Number and District)		6 —
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		18 —
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev. Perry		5 —
Mrs. Grunstead		5 —
....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		4 50
Total Footing of Bill	$	328 50
Less	$	14 50
Balance	$	314 00

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$	April 10 42	To Balance Forward	314 00	$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Resold Mar 17 advance price Page 62

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

CASKE

COVE

DESCR

61

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Mar. 15 1942

Name of Deceased Ruhama Miller F.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Near Vineburg ☐Husband ☐Wife ☒Widow } Chas Miller

Charge to Geo. D. Miller or.....of } Age of Husband or Wife (if living).....Years

Address Bx 452 R.F.D. Sonoma

Order given by " (or informant)

How Secured Cash

If Veteran, State War none

Occupation At Home none (Social Security Number)

Employer and Address

Date of Death 3-15-42 (Date) 10:10 A.M. (Hour)

Date of Birth Oct 1, 1862

Age 79 (Years) - 5 (Months) - 14 (Days)

Date of Funeral (Date) (Day of Week) (Hour) M.

Services at

Clergyman (Address)

Religion of the Deceased

Birthplace Wisconsin

Resided in the State 7 (or U. S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death Pulmonary Edema +

Contributory Causes Terminal Bronchoneumonia

Certifying Physician C. B. Andrews (or Coroner)

His Address Sonoma

Name of Father Geo Reed Beal

His Birthplace Canada

Maiden Name of Mother Yula Elma Nickelsen

Her Birthplace Wisconsin

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Mt. Cemetery

Lot No.

Grave No.

Section No.

Block No.

Complete Funeral (except outlays)	$ 200	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress 9.50 Tax 29¢ (State Kind and Color)	9	79
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from Ⅱ = 100.00		
Taking Remains to Mt. 15.00		
Trip to Coroner's Inquest 115.00		
Delivering Box to Sent 9.50		
Deliver Flowers to 124.50		
Removal Charges 37.50		
Procuring Burial Permit (State Number and District) 21	6	—
— Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation wraith on easel	7	50
Flowers, $ ... Palms, $ ... Matting, $ Asst Yard	7	50
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	22	00
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
... line Death Notices in ... Papers (Names of Newspapers) Ger. Press	3	—
Sales Tax	2	45
Total Footing of Bill	$ 275	24
Less 5% on 215	$ 10	75
Balance	$ 264	49

Entered into Ledger, page .....or below.

CASKET No. 27 Size 6/3 Date

COVERING Shade 9 Steel English Crepe

Cal. C. Co

DESCRIPTION 1127 puffing

	Balance	Date		Amount Paid	Balance
			To Balance Forward	$	$
	~~$ 19.42~~	3-19-42	By Payment	$ 264.49	$ —
			" "	$	$
			" "	$	$
			" "	$	$
			" "	$	$
			" "	$	$
			" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

62

San Francisco Casket Co.
321-335 Valencia Street
Telephones MArket 1146-1147

Mrs Martha Cowles
838 - Central Ave.
S. Francisco
Friend: Let her know
of anything learned
about estate or auto.

Total No.............. ...ar 17 1942

Name of Deceased... W... W.
☐ Married ☐ (What Race)

Residence Broadway ... known. Husband or Wife (if living).......Years

Charge to Mrs. Elle...

Address P.O. Bx 66...

Order given by..... "

How Secured...

If Veteran, State War W...

Occupation Rigger M...

Employer and Address...

Date of Death 3/17/4.. (Date) (Hour)

Date of Birth July 18, 1896.

Age 45 (Years) 7 (Months) 29 (Days)

Date of Funeral 3/21/42 (Date) Sat (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev Perry (Address)

Religion of the Deceased P.Prot.

Birthplace Montana

Resided in the State 18 (or U. S. or City or County) (Years) (Months)

Place of Death Broadway at 1st Boyes Springs

Cause of Death Cirrhosis of Liver & Cachexia

Contributory Causes. Nephritis Secondary to Circulatory Obstruction of Liver

Certifying Physician C.B. Andrews (or Coroner)

His Address Sonoma

Name of Father...

His Birthplace Germany

Maiden Name of Mother...

Her Birthplace Germany

Motor / Ship } Remains to...

Size of Casket 345 - H.P. #4 R. Cov. (State Color and Number)

Manufactured by S.F.C.Co.

Cemetery / Crematory } Mt. Cemetery Sonoma Caly

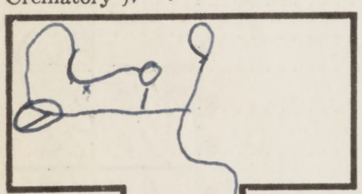


Diagram of Lot or Vault

Lot No...

Grave No...

Section No...

Block No...

Owner...

	$	
...s).........	~~300~~	
...	295	—
...	15	—
...nd)		
...balmer)		
...sing, $......		
...erwear, $......		
...Color)		
...in, $		
Candelabrum, $........Candles, $.		
Door Spray, $........Gloves, $.		
Funeral Car, $........Ambulance, $.		
Limousines to Cemetery.....@ $		
Extra Limousines..........@ $		
Autos to R. R. Station......@ $		
Getting Remains from 1/2 ..... 147.50		
Taking Remains to Bx 15.00		
Trip to Coroner's Inquest 162.50		
Delivering Box to 3		
Deliver Flowers to 487.50		
Removal Charges		
Procuring Burial Permit (State Number and District)	6	—
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax....$		
Outlay for Lot		
Cremation		
Flowers, $.....Palms, $.....Matting, $		
Rental of Tent, $....of Temporary Vault, $		
Opening of Grave or Tomb	24	—
Lining Grave, $......Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $.....Singers, $....Organist, $		
Railroad or Motor } Tickets, $....... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
....line Death Notices in Examiner Papers	2	79
Index Tribune (Names of Newspapers)	1	03
Rev Perry	5	—
Mrs Grinstead	5	—
Sales Tax	4	88
Total Footing of Bill....$	358	70
Less....$		
Balance....$		

Entered into Ledger, page......or below.

Date			Amount Paid	Balance	Date		Amount Paid	Balance
Maddux		To Above Balance		$		To Balance Forward		$
4/11/44	Letter	By Payment	$	$		By Payment	$	$
		" "	$	$		" "	$	$
		" "	$	$		" "	$	$
		" "	$	$		" "	$	$
		" "	$	$		" "	$	$
		" "	$	$		" "	$	$
		" "	$	$		" "	$	$

Insurance $.................. Names of Lodges.................. Insurance Companies..................

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.................. (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..................days from date. Interest to accrue from maturity at the rate of............% per annum.

Signed..................

Witness.................. Address..................

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

63

Total No..... Yearly No..... Date of Entry March 19 1942

Name of Deceased William Gibbs

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Sonoma Vista Boyes Springs ☐Husband ☒Wife ☐Widow } Martha Gibbs 65

or..... of } Age of Husband or Wife (if living)..... Years

Charge to Mrs. Martha Gibbs

Address P.O. Bx. 156 Boyes Springs Cal

Order given by..... (or informant)

How Secured.....

If Veteran, State War Canada World War #1

Occupation Painter 570-10-6588 (Social Security Number)

Employer and Address.....

Date of Death March 19, 1942 (Date) 12:10 A.M. (Hour)

Date of Birth July 29, 1879

Age 62 (Years) 7 (Months) 20 (Days)

Date of Funeral March 21 (Date) Saturday (Day of Week) 11 A.M. (Hour)

Services at Chapel

Clergyman Rev. Edward Perry Sonoma (Address)

Religion of the Deceased.....

Birthplace England

Resided in the State 21 (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Vista Boyes Springs

Cause of Death ac. Coronary Occlusion

Contributory Causes Coronary Sclerosis

.....

Certifying Physician E. J. Finnerty M.D. (or Coroner)

His Address Sonoma Cal.

Name of Father Phillip Gibbs

His Birthplace England

Maiden Name of Mother Unknown

Her Birthplace England

Motor Ship } Remains to.....

Size of Casket 6/3 #37 Cut top A.C. Lid (State Color and Number)

Manufactured by.....

Cemetery Crematory } Mt. Cemetery Sonoma Cal.

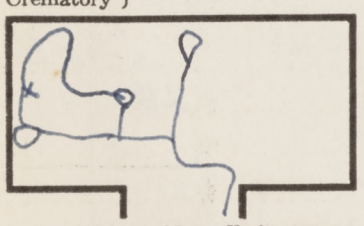


Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	155	—
Casket			
Burial Vault or Box (State Kind)		15	—
Embalming Body (Name of Embalmer)			
Barber, $ ... Hair Dressing, $			
Dressing Body, $ ... Underwear, $			
Suit or Dress (State Kind and Color)			
Slippers, $ ... Hose, $			
Folding Chairs, $ ... Tarpaulin, $			
Candelabrum, $ ... Candles, $			
Door Spray, $ ... Gloves, $			
Funeral Car, $ ... Ambulance, $			
Limousines to Cemetery ... @ $			
Extra Limousines ... @ $			
Autos to R. R. Station ... @ $			
Getting Remains from 1/2 = 77.50			
Taking Remains to Cem. 15.00			
Trip to Coroner's Inquest 9.25.0 3			
Delivering Box to			
Deliver Flowers to 27.75.0 1			
Removal Charges			
Procuring Burial Permit (State Number and District)		6	—
Certif. Copies of Death Certificates No.			
Pall Bearer Service, $ ... Use of Chapel, $ (State Physician's or Coroner's)			
Gross Total for Sales Tax	$		
Outlay for Lot			
Cremation			
Flowers, $ ... Palms, $ ... Matting, $			
Rental of Tent, $ ... of Temporary Vault, $			
Opening of Grave or Tomb		22	—
Lining Grave, $ ... Lowering Device, $			
Outlay for Shipping Charges			
Clergyman, $ ... Singers, $ ... Organist, $			
Railroad or Motor } Tickets, $ ... Aeroplane Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service			
....line Death Notices in Local Papers		2	38
Rev. Perry (Names of Newspapers)		5	
Sales Tax		2	78
Total Footing of Bill	$	208	36
Less	$		
Balance	$		

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
1/13/44	Letter - To Above Balance	$	$		To Balance Forward	$	$
4/6/45	Filed with ARP. By Payment	$	$	Mar. 31, 42	By Payment	$ 100 —	$
	" "	$	$	June 8 42	" "	$ 50	$
	" "	$	$	May 8 44	" "	$ 20	$
	" "	$	$	April 30 45	" "	$ 38 36	$
	" "	$	$		" "	$	$
	" "	$	$	In Full	" "	$ 208 36	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

62

Total No..... Yearly No..... Date of Entry Mar 12 1942

Name of Deceased William F. Schmidt

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race) W.

Residence Broadway at 1st Boyes Springs ☐Husband ☐Wife ☒Widow } Unknown

Charge to Mrs. Ellen Dyals or..... .....of } Age of Husband or Wife (if living).....Years

Address P.O. Box 668 Sonoma Executrix

Order given by ll (or informant)

How Secured

If Veteran, State War World War #1

Occupation Rigger Manufacturer (Social Security Number)

Employer and Address

Date of Death 3/12/42 (Date) 3:11 p.m. (Hour)

Date of Birth July 18, 1896

Age 45 (Years) 7 (Months) 29 (Days)

Date of Funeral 3/21/42 (Date) Sat. (Day of Week) 2:30 P.M. (Hour)

Services at Chapel

Clergyman Rev. Perry (Address)

Religion of the Deceased Episc.

Birthplace Montana

Resided in the State 18 (or U. S. or City or County) (Years) (Months)

Place of Death Broadway at 1st Boyes Springs

Cause of Death Cirrhosis of Liver & Cachexia

Contributory Causes Nephritis Secondary to Circulatory Obstruction of Liver

Certifying Physician C. B. Andrews (or Coroner)

His Address Sonoma

Name of Father

His Birthplace Germany

Maiden Name of Mother

Her Birthplace Germany

Motor Ship } Remains to

Size of Casket 345 - H.P. # 4 P. Cor (State Color and Number)

Manufactured by S.F.C.Co.

Cemetery Crematory } Mt. Cemetery Sonoma Cal.

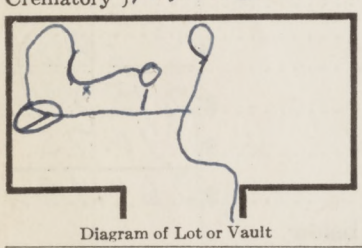


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	~~350~~
Casket		295 -
Burial Vault or Box (State Kind)		15 -
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 1/2		14.50
Taking Remains to 1/2		15.00
Trip to Coroner's Inquest		1.62,5.0
Delivering Box to		
Deliver Flowers to		4.87.50
Removal Charges		
Procuring Burial Permit (State Number and District)		6 -
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		24 -
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....		
....line Death Notices in Examiner Papers		2 79
Index Tribune (Names of Newspapers)		1 03
Rev. Perry		5 -
Mrs. Grinstead		5 -
Sales Tax		4 88
Total Footing of Bill	$	358 70
Less	$	
Balance	$	
Entered into Ledger, page .....or below.		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Mailed	To Above Balance	$	$		To Balance Forward	$	$
4/11/44	Letter By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry March 19 1942

Name of Deceased William Gibbs

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Sonoma Vista Boyes Springs ☐Husband ☒Wife ☐Widow of Martha Gibbs (What Race) 65

Charge to Mrs. Martha Gibbs

Address P.O. Bx. 156 Boyes Springs Calif

Order given by ..... (or informant)

How Secured .....

If Veteran, State War Canada World War #1

Occupation Painter 570-10-6588 (Social Security Number)

Employer and Address .....

Date of Death March 19, 1942 (Date) 12:10 A.M. (Hour)

Date of Birth July 29, 1879

Age 62 (Years) 7 (Months) 20 (Days)

Date of Funeral March 21 (Date) Saturday (Day of Week) 11 A.M. (Hour)

Services at Chapel

Clergyman Rev. Edward Perry Sonoma (Address)

Religion of the Deceased .....

Birthplace England

Resided in the State 21 (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Vista Boyes Springs

Cause of Death ac. Coronary Occlusion

Contributory Causes Coronary Sclerosis

.....

Certifying Physician E. J. Finnerty M.D. (or Coroner)

His Address Sonoma Calif

Name of Father Phillip Gibbs

His Birthplace England

Maiden Name of Mother Unknown

Her Birthplace England

Motor Ship } Remains to .....

Size of Casket 6/3 #37 Cut top A.C. Lid (State Color and Number)

Manufactured by .....

Cemetery Crematory } Mt. Cemetery Sonoma Calif

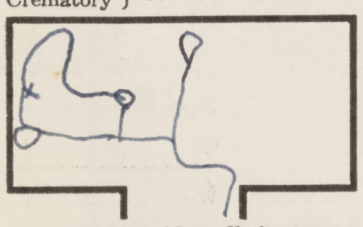


Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$ 155	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 1/2 = 77.50		
Taking Remains to Bx 15.00		
Trip to Coroner's Inquest 9.25.0 / 3		
Delivering Box to		
Deliver Flowers to 27.75.0 / 1		
Removal Charges		
Procuring Burial Permit (State Number and District)	6	—
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	22	—
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....line Death Notices in Four Papers	2	58
Rec. Sentry (Names of Newspapers)	5	
Sales Tax	2	78
Total Footing of Bill	$ 208	36
Less	$	
Balance	$	

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance
1/13/44	Letter - To Above Balance	$	$
4/6/45	Filed with ARP. By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward	$	$
Mar. 31, 42	By Payment	$ 100 —	$
June 8 42	" "	$ 50	$
May 8 44	" "	$ 20	$
April 30 45	" "	$ 38 36	$ —
	" "	$	$
In Full	" "	$ 208 36	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

64

car. for 8. Bs

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Mar 19 1942

Name of Deceased Charlotte T. Bocke

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence.....

☒ Husband ☐ Wife ☐ Widow of Peter J. (What Race)

Age of Husband or Wife (if living)..... Years

Charge to Eli Bocke

Address 135 Scenic Ave, San Anselmo. phone 3223 K.

Order given by..... (or informant)

How Secured.....

If Veteran, State War.....

Occupation Housewife (Social Security Number)

Employer and Address.....

Date of Death March 19, 1942. (Date) (Hour)

Date of Birth Feb. 17 - 1867

Age 75 (Years) 1 (Months) 2 (Days)

Date of Funeral March 23, 1942 (Date) Monday (Day of Week) 10 A.M. (Hour)

Services at St. Francis

Clergyman..... (Address)

Religion of the Deceased.....

Birthplace Italy

Resided in the State US - 55 yrs. state 20 yrs. (or U. S. or City or County) (Years) (Months)

Place of Death Stockton Calif.

Cause of Death Myocardial Infarction

Contributory Causes Coronary Arteriosclerosis Generalized Arteriosclerotic

Certifying Physician George K. Wever M.D. (or Coroner)

His Address Stockton

Name of Father ——— Dudley

His Birthplace Italy

Maiden Name of Mother ——— Fournier

Her Birthplace Italy

Motor / Ship } Remains to.....

Size of Casket 4/3 #37 Cst Top. (State Color and Number)

Manufactured by Cal. C. Co.

Cemetery / Crematory } Catholic

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	145 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from Stockton		7 50
Taking Remains to		
Trip to Coroner's Inquest 1/2 = 7.50		
Delivering Box to Ott 15.00		
Deliver Flowers to 87.50 3		
Removal Charges		
Procuring Burial Permit 2625 (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 2 grave		20 —
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		12 50
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Card of Thanks		1 —
....line Death Notices in Papers		2 58
S.F. Mess (Names of Newspapers)		15 —
Cleaning Hat		1 —
Sales Tax		2 63
Total Footing of Bill	$	222 21
Less	$	8
Balance	$	214 21

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
3/24/42	To Above Balance		$ Statement to Est Mar 2642		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

car for family

RECORD OF FUNERAL

65

Total No..... Yearly No..... Date of Entry Mar 20 1942

Name of Deceased John A. Holland

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence Sonoma Vista Cherry & Lucas ☐ Husband ☐ Wife ☒ Widow (What Race)

Charge to Mrs. Isabella Knopp

Address R. F. D. Sonoma Cal

Order given by Trust Dept. American Trust Co. (or informant)

How Secured 464 Cal. St. S.F.

If Veteran, State War Attention H. C. Fallis Asst. Vice Pres.

Occupation Retired Special Police Officer (Social Security Number)

Employer and Address

Date of Death March 20, 1942 (Date) 12:50 P.M. (Hour)

Date of Birth Unknown

Age About 70 yrs. (Years) (Months) (Days)

Date of Funeral March 23, 1942 (Date) Monday (Day of Week) 11:30 A.M. (Hour)

Services at St. Francis

Clergyman (Address)

Religion of the Deceased

Birthplace San Francisco, Calif.

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death Ac. Dilitation - Apoplexy

Contributory Causes Diabetes Mellitus

Certifying Physician Ed. J. Finnerty M.D. (or Coroner)

His Address Sonoma Calif.

Name of Father Michael Holland

His Birthplace Ireland

Maiden Name of Mother Margaret Mc. Carthy

Her Birthplace New Brunswick

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Catholic Cemetery Sonoma

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 295 —
Casket	
Burial Vault or Box (State Kind)	15 —
Embalming Body (Name of Embalmer)	
Barber, $ ... Hair Dressing, $	
Dressing Body, $ ... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ... Hose, $	
Folding Chairs, $ ... Tarpaulin, $	
Candelabrum, $ ... Candles, $	
Door Spray, $ ... Gloves, $	
Funeral Car, $ ... Ambulance, $	
Limousines to Cemetery ... @ $	
Extra Limousines ... @ $	
Autos to R. R. Station ... @ $	
Getting Remains from ... 1/2 = 14.50	
Taking Remains to ... 15.00	
Trip to Coroner's Inquest ... 16.25 3	
Delivering Box to	
Deliver Flowers to ... 4.87.50	
Removal Charges ... 1	
Procuring Burial Permit (State Number and District)	
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)	
Pall Bearer Service, $ ... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ ... Palms, $ ... Matting, $	
Rental of Tent, $ ... of Temporary Vault, $	
Opening of Grave or Tomb	12 50
Lining Grave, $ ... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ... Singers, $ ... Organist, $	
Railroad or Motor } Tickets, $ ... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service	
... line Death Notices in 6 Papers 3 Time	11 80
Posted (Names of Newspapers)	2 58
Los Mass	15 —
Sales Tax	4 88
Total Footing of Bill	$ 356 76 5
Less	$
Balance	$

Entered into Ledger, page ... or below.

CASKET No. 6006 Size 6/3 Date 3/2/42

Bal. C. Co.

COVERING Shade 857 Platinum Arcola

Cemetery bx

DESCRIPTION Hinged cap 1427 Ivory comet ripple crush.
1 1427 Ivory comet pillow set, square ripple crush pillow.
1 set 437 3x0 Roman butler lacquer ext. handles.

Date			Amount Paid	Balance
		To Balance Forward	$	$
		By Payment July 3	$	$
		" " In full	$	$ 356 76
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$

Insurance $ ... Names of Lodges ... Insurance Companies

made claim via Olmstead 4/23/42

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed ...

Witness ... Address ...

Compiled by F. J. FEINEMAN, St. Louis, Mo.

66

REC

SUTTER 1354

3166 Baker St
Mrs A Servadei

THE RIGHT PLACE TO CALL for PLUMBING

S. C. SERVADEI

REGISTERED
PLUMBING AND HEATING
DAY AND NIGHT SERVICE

541 UNION STREET 173 SAN FRANCISCO

Total No..... Yearly No

Name of Deceased....Louis.....

☒ Married ☐ Single ☐ Wi

Residence..Vineburg Rou.....

Charge to..Ida Paravan.....

Address..P.O. Box 66.....Vine.....

Order given by Mrs Artigiani & Mrs Servadei
(or informant) (Daughters)

How Secured.....

If Veteran, State War...None.....

Occupation Farm Laborer.....none.....
(Social Security Number)

Employer and Address.....

Date of Death Mar 23 1942.....11:30 P.M.
(Date) (Hour)

Date of Birth..Oct 10, 1886....

Age.....55.....5.....13.....
(Years) (Months) (Days)

Date of Funeral....3-26-42 Thurs.....10 A.M.
(Date) (Day of Week) (Hour)

Services at St. Frances.....

Clergyman.....
(Address)

Religion of the Deceased.....

Birthplace .....Italy.....

Resided in the State.....12.....
(or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co. Hospital.....

Cause of Death..Pulmonary Tuberculosis.....

Contributory Causes..Silicosis, Chr emphysema.....

.....

Certifying Physician Harding Clegg M.D.
(or Coroner)

His Address Sonoma Co. Hospital.....

Name of Father...Joseph Paravente.....

His Birthplace.....Italy.....

Maiden Name of Mother..Joan Bedole.....

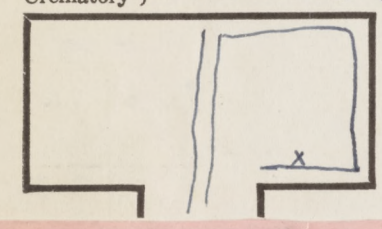
Her Birthplace.....Italy.....

Motor Ship } Remains to.....

Size of Casket.....
(State Color and Number)

Manufactured by.....

Cemetery Crematory } Catholic Cem. Sonoma



Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Casket No. 2160 HP Order No.
Size 6/6 S.F.C.Co Date 11/28
Covering Circassion Walnut Finished Redwood
Description Ascot Pamel & Pillow
Lined HOB Crepe de Chine
B & BP To match
For # 361- 3XLBronz & Brass Handles

Mar 23 1942

W.

(What Race)

La

Husband or Wife (if living)..56..Years

	$	410 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $.....Hair Dressing, $		
Dressing Body, $.....Underwear, $		
Suit or Dress...@ 10 7x 30F (State Kind and Color)		10 30
Slippers, $.....Hose, $		
Folding Chairs, $.....Tarpaulin, $		
Candelabrum, $.....Candles, $		
Door Spray, $.....Gloves, $		
Funeral Car, $.....Ambulance, $		
Limousines to Cemetery.....@ $		
Extra Limousines.....@ $		
Autos to R. R. Station.....@ $		
Getting Remains from		
Taking Remains to 205.00		
Trip to Coroner's Inquest 15.00		
Delivering Box to Just 10.00		
Deliver Flowers to 23.00		
Removal Charges 6.00		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 1 grave		15 —
Cremation		
Flowers, $.....Palms, $.....Matting, $		
Rental of Tent, $....of Temporary Vault, $		
Opening of Grave or Tomb		12 50
Lining Grave, $.....Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $.....Singers, $....Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Mass		15 —
....line Death Notices in Call Papers		2 58
Examiner (Names of Newspapers)		4 65
Sales Tax		6 60
Total Footing of Bill	$	491 63
Less	$	
Balance	$	

Entered into Ledger, page.....or below.

Date			Amount Paid	Balance
		To Balance Forward	$	$
April	29	By Payment S.C. Servadei + Artigiani for Interment Act.	$	$ 40 00
May	30	S.C. Servadei	$	$ 20 00
June	13	Mr Artigiani	$	$ 20 —
July	15	S.C. Servadei	$	$ 20 —
"	31	Mrs Artigiani	$	$ 20 —
Aug	13,42	S.C. Servadei	$	$ 20 —
Sept	12	S.C. Servadei	$	$ 20 —
Sept.	13	Joe Artigiani		105 —
Oct	15	Servadei		20 —
Nov	1,43	Artigiani		80 —
Jan	4	Servadei		40 —
Jan	17,43	Servadei		20 —
Feb	23,43	"		20 —
Mar.	29,43	Servadei		20 —
April	21,43	Servadei in full		26,63

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Director)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness.....

Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 7 1942

Name of Deceased Edward Isohm White

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Mc Donald St Sonoma Calif ☐ Husband ☒ Wife ☐ Widow } Bernhardine Isohm

Charge to Mrs Bernhardine Isohm or ..... of } Age of Husband or Wife (if living) 73 Years

Address Mc Donald St Sonoma Calif

Order given by ..... (or informant)

How Secured .....

If Veteran, State War .....

Occupation Rancher (Social Security Number)

Employer and Address .....

Date of Death April 7 1942 11 a.m. (Hour)

Date of Birth ~~May~~ June 20 (Date) 1865

Age 76 (Years) 9 (Months) 17 (Days)

Date of Funeral April 9-42 (Date) Thurs (Day of Week) 10 a.m. (Hour)

Services at St Francis Church

Clergyman ..... (Address)

Religion of the Deceased .....

Birthplace ~~Austria~~ Germany

Resided in the State State 20 yrs. (or U. S. or City or County) U.S. 50 yrs. (Years) (Months)

Place of Death Mc Donald St Sonoma

Cause of Death ac. Cardiac Dilatation

Contributory Causes Chronic Endocarditis

Certifying Physician E. J. Finnerty M.D. (or Coroner)

His Address Sonoma Calif

Name of Father Antone Isohm

His Birthplace Austria

Maiden Name of Mother ~~—~~ Schlichting

Her Birthplace Austria

Motor Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery ~~Crematory~~ } Catholic Cemetery Sonoma

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Complete Funeral (except outlays)	$ 200 —
Casket	15 —
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from 1/2 —	100
Taking Remains to Ret	15
Trip to Coroner's Inquest	1.5.00 3
Delivering Box to Fay	3.45 00
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot 2 graves @ 10	20 —
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	12 50
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service Low Mass	15 —
....line Death Notices in Post Papers	2 58
(Names of Newspapers) Telephone & Telegrams	1 65
Sales Tax	3 43
Total Footing of Bill	$ 270 18
Less 5% on #215	$ 10 75
Balance	$ 259 43

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
4-14-42	" In full	$ 259 43	$ —
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance ..... Companies .....

Sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

the same within ..... days from date. Interest to accrue from

Signed .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Santa Rosa

San Francisco Casket Co.
321-335 Valencia Street
Telephones MArket 1146-1147

Cousin to Mrs. Isohm.

notify in case of accident.
Mrs A. Rodegerdts.
phone 66945
Sacramento

Dr Rodegerdts.
Dental Medical Bldg.
Sacramento.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 8 19 42

Name of Deceased Emma Johnson McDonald White

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 423 - 2nd St East

☐ Husband ☐ Wife ☒ Widow } James R. McDonald
or.....of } Age of Husband or Wife (if living).....Years

Charge to Ruth McDonald

Address R#454 Sonoma, Calif

Order given by.....
(or informant)

How Secured.....

If Veteran, State War.....

Occupation At Home
(Social Security Number)

Employer and Address.....

Date of Death April 8. 1942 (Date) 2:45 P.M. (Hour)

Date of Birth Sept. 12, 1853

Age 88 (Years) 6 (Months) 26 (Days)

Date of Funeral April 10. (Date) Friday (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman.....
(Address)

Religion of the Deceased.....

Birthplace Sonoma

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death 423 - 2nd St East Sonoma

Cause of Death Myocardial Failure

Contributory Causes Arteriosclerosis

.....

Certifying Physician Dr. A. K. McGrath M.D.
(or Coroner)

His Address Sonoma

Name of Father James Cooper

His Birthplace Scotland

Maiden Name of Mother Sarah Bigelow

Her Birthplace Nova Scotia

Motor / Ship } Remains to.....

Size of Casket.....
(State Color and Number)

Manufactured by.....

Cemetery / ~~Crematory~~ } Mt. Cemetery Sonoma

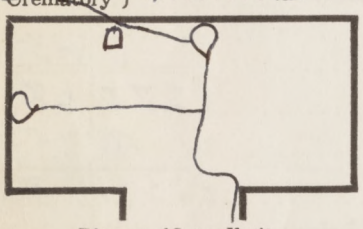

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 295	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 1/2 =	147.50	
Taking Remains to Bay	15.00	
Trip to Coroner's Inquest	162.50	
Delivering Box to Jay	48.750	
Deliver Flowers to		
Removal Charges 3 Poste	3	—
Procuring Burial Permit (State Number and District)	1	—
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cleaning		—
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb	24	
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad / or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Mrs. Grinstead 2nd Day	5	
line Death Notices in Post Papers	2	58
Rev Perry by family		
(Names of Newspapers)		
Rev Holmes K. Edmands		
Sales Tax	4	88
Total Footing of Bill	$ 345	46
Less	$	
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Statement	To Above Balance	$	$	Aug 4, 43	To Balance Forward	$	$
"	By Payment Grinstead Dec 7, 42	$	$		By Payment Dr Full	$	$ 345 46
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

p. 13's

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 17 1942

Name of Deceased Carl Gustav Lindholm White

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence R. F. D. No 1 - Bx 394 - Near Buena Vista ☐ Husband ☐ Wife ☒ Widow } Hulda Lindholm

or..... of } Age of Husband or Wife (if living).....Years

Charge to Mrs. Barbie Miller

Address Rt 1 Bx 394 Sonoma Caly

Order given by..... (or informant)

How Secured.....

If Veteran, State War.....

Occupation Retired Farmer None (Social Security Number)

Employer and Address.....

Date of Death April 17, 1942 5 A.M. (Date) (Hour)

Date of Birth Sept 9 - 1852

Age 89 (Years) 7 (Months) 8 (Days)

Date of Funeral April 20, Monday 2 P.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev Perry Sonoma, Caly (Address)

Religion of the Deceased.....

Birthplace Sweden

Resided in the State State 6 yr U.S. 55 yrs (or U. S. or City or County) (Years) (Months)

Place of Death Residence

Cause of Death Myocardial Failure

Contributory Causes.....

Arteriosclerosis

Certifying Physician Dr A. K. McGrath (or Coroner)

His Address Sonoma Caly

Name of Father Unknown Lindholm

His Birthplace Sweden

Maiden Name of Mother Unknown

Her Birthplace Sweden

Motor Ship } Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by.....

~~Cemetery~~ Crematory } Mt. Cemetery Sonoma, Caly

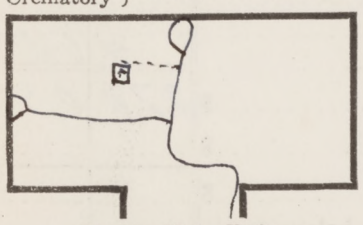

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	150-60 — $	145 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ... 1/2 = ... 12.50		
Taking Remains to ... Bx ... 15.00		
Trip to Coroner's Inquest ... 87.50 3		
Delivering Box to ... Saf ... 26.250		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		6 —
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $.... Palms, $.... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		22 —
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service.. Rev Perry		5 —
Mrs Grinstedd		5 —
....line Death Notices in..... Papers (Names of Newspapers)		
Sales Tax		2 63
Total Footing of Bill	$	200 63
Less	$	8 to 3
Balance	$	192 00

Entered into Ledger, page..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	April 20, 42 Dr Full	By Payment	$ 192 —	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 17 1942

Name of Deceased Myrtle E. Scott (White)

☐ Married ☒ Single ☐ Widowed ☒ Divorced

Residence Hotel Alford S.F. ☐Husband ☐Wife ☐Widow or ..... of } Chas. Scott (Dead)

Charge to Estate of T. A. Scott (Son)

Address 2370-26th Ave. S.F.

Order given by T. A. Scott (Son) (or informant)

How Secured Estate

If Veteran, State War

Occupation At Home none (Social Security Number)

Employer and Address

Date of Death 4/17/42 9:30 P.M. (Date) (Hour)

Date of Birth Sept 21, 1877

Age 64 (Years) 6 (Months) 26 (Days)

Date of Funeral 4/21/42 (Date) Tues (Day of Week) ? (Hour) M.

Services at Halsted & Co.

Clergyman (Address)

Religion of the Deceased Prot

Birthplace Salinas, Calif.

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Lean Home Schiller Way

Cause of Death MC-Cardiac Dilitation

Contributory Causes Angina Pectoris

Cardiac Asthma

Certifying Physician E. J. Finnerty (or Coroner)

His Address Sonoma

Name of Father Stephen Lean

His Birthplace Vineyard St. Wisconsin

Maiden Name of Mother Imogene Barkas

Her Birthplace Sacramento, Calif

Motor Ship } Remains to Halsteds & Co

Size of Casket (State Color and Number)

Manufactured by

Cemetery ~~Crematory~~ } Cypress Lawn Mem Park

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	270 —
Casket no Bill		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 1/2 = 125.00 3		
Taking Remains to no Bill		
Trip to Coroner's Inquest Jan 4.05.00		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No.		
Pall-Bearer Service, $ .... Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
2- certified certificates		2 —
....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		4 05
Total Footing of Bill	$	276 05
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Statement	To Above Balance	$	$		To Balance Forward	$	$
Atty James T. Davis	By Payment	$	$	Aug 19 42	By Payment	$ 276 05	$
assist U.S. Atty	" "	$	$		" "	$	$
422 - P.O. Bldg	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
Claim to Asst U.S. Atty	" " 6/18/42	$	$	for above	" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

car for 8'B&O

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 19 19 42

Name of Deceased Elizabeth Annie Nelson White

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Sonoma Vista ☐Husband ☒Wife ☐Widow } Charles Henry Nelson 62

Charge to Charles Henry Nelson or.....of } Age of Husband or Wife (if living).....Years

Address Box 83 Bayes Hot Springs, Cal

Order given by..... (or informant)

How Secured.....

If Veteran, State War None

Occupation Housewife (Social Security Number)

Employer and Address.....

Date of Death April 19, 1942 3:30 a.m. (Date) (Hour)

Date of Birth Oct. 24, 1883

Age 58 (Years) 5 (Months) 25 (Days)

Date of Funeral April 21, 1942 (Date) Tuesday (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev. Perry Sonoma (Address)

Religion of the Deceased.....

Birthplace Kansas

Resided in the State 52 (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Vista Hotel

Cause of Death Carcinoma of Colon with (coecum) metastises to liver and abdomen

Contributory Causes.....

Terminal Myocardial failure

Certifying Physician C. B. Andrews M.D. (or Coroner)

His Address Sonoma Caly

Name of Father Thomas Snively

His Birthplace Unknown

Maiden Name of Mother Elizabeth Polar

Her Birthplace Unknown

Motor Ship } Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by.....

Cemetery Crematory } Mt. Cemetery Sonoma

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	295 —
Casket		
Burial Vault or Box		15 —
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $ Slip Underwear, $		2 73
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ½ = 147.50		15.00
Taking Remains to RT Sundries 2.65		
Trip to Coroner's Inquest 165.15		
Delivering Box to Imp 49.45		
Deliver Flowers to Imp 4 Pads		4 —
Removal Charges		6 —
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No.		
Pall Bearer Service, $..... Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		20 —
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		5 —
line Death Notices in Papers (Names of Newspapers)		2 58
Sales Tax		4 88
Total Footing of Bill	$	365 19
Less	$	
Balance	$	

Ledger, page.....or below.

Da		Amount Paid	Balance
2/14/	To Balance Forward	$	$
	By Payment	$ 10 —	$
-2	" "on acct	$	$ 20 00
2	Thomas A. Nelson	$	$ 20 —
2	Donald Nelson	$	$ 25 —
2	Nina Snyder	$	$ 4 —
2	Thomas A. Nelson	$	$ 20 —
2	" " " "	$	$ 21 —
	Donald Nelson		10 —
	Insurance Companies Coy. C. D. Nelson		10 —
	Legally available to Franklin		10
	(Firm Name of Funeral Directors) Chas. Henry		20 —
	Tom Nelson		10 —
	Nina Snyder		2 —
	Chas H Nelson		5 —
	Mrs Franklin		10 00

Insurance

I hereby

for the pa

maturity

Witness

Tom - 10-20 - 20 - 21 - 10 = 81

Franklin 10 - 10 - 10 = 30

Don. 25 - 10 - 10 = 45

Nina 4 - 2 6

Chas 20 - 5 25

187

San Francisco Casket Co.
321-335 Valencia Street
San Francisco, 3
Telephones Market 1146-1147

365 19
187
168

Mar. 14, '44 Mrs Franklin

70

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 17 1942

Name of Deceased Myrtle E. Scott (What Race) White

☐ Married ☐ Single ☐ Widowed ☒ Divorced

Residence Hotel Oxford S.F. ☐Husband ☐Wife ☐Widow } Chas. Scott (Dead)
or ..... of }

Charge to Estate T. A. Scott (Son) Age of Husband or Wife (if living) ..... Years

Address 2320-26th Ave. S.F.

Order given by T. A. Scott (Son)
(or informant)

How Secured Estate

If Veteran, State War

Occupation At Home none
(Social Security Number)

Employer and Address

Date of Death 4/17/42 9:30 P.M.
(Date) (Hour)

Date of Birth Sept 21, 1877

Age 64 6 26
(Years) (Months) (Days)

Date of Funeral 4/21/42 Tues P M.
(Date) (Day of Week) (Hour)

Services at Halsted & Co.

Clergyman —
(Address)

Religion of the Deceased Christ

Birthplace Salinas, Calif.

Resided in the State Life.
(or U. S. or City or County) (Years) (Months)

Place of Death Lean Home Acute Cerebral

Cause of Death AC. Cardiac Dilitation

Contributory Causes Angina Pectoris
Cardiac Asthma

Certifying Physician E. J. Finnerty
(or Coroner)

His Address Sonoma

Name of Father Stephen Dean

His Birthplace Missouri St. Missouri

Maiden Name of Mother Imogene Barkas

Her Birthplace Sacramento, Calif.

Motor Ship } Remains to Halsteds & Co.

Size of Casket
(State Color and Number)

Manufactured by

Cemetery ~~Crematory~~ } Cypress Lawn Mem. Park

Complete Funeral (except outlays)	$ 270 —
Casket No. 534	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from 1/2 = 125.00 / 3	
Taking Remains to no. 34	
Trip to Coroner's Inquest Jay 4.05.00	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No.	
Pall-Bearer Service, $ .... Use of Chapel, $ (State Physician's or Coroner's)	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service	
2- Certified certificates	2 —
....line Death Notices in ..... Papers (Names of Newspapers)	
Sales Tax	4 05
Total Footing of Bill	$ 276 05
Less	$
Balance	$
Entered into Ledger, page ..... or below.	

Lot No.
Grave No.
Section No.
Block No.
Owner

Diagram of Lot or Vault

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Statement	To Above Balance	$	$		To Balance Forward		$
Atty	By Payment Jan F. Davis	$	$	Aug 19 42	By Payment	$ 276 05	$
assist U.S. atty	" "	$	$		" "	$	$
422 - P.O. Bldg	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
Claim to Assets 6/18/42	" "	$	$ for above Atty		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

car for 8'20

71

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry April 19 ..... 19 42

Name of Deceased Elizabeth Annie Nelson White

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Sonoma Vista ☐ Husband ☒ Wife ☐ Widow or ..... of } Charles Henry Nelson 62

Charge to Charles Henry Nelson Age of Husband or Wife (if living) ..... Years

Address Box 83 Bayes Hot Springs, Cal

Order given by ..... (or informant)

How Secured .....

If Veteran, State War None

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death April 19, 1942 (Date) 3:30 A.M. (Hour)

Date of Birth Oct. 24, 1883

Age 58 (Years) 5 (Months) 25 (Days)

Date of Funeral April 21, 1942 (Date) Tuesday (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev. Perry Sonoma (Address)

Religion of the Deceased .....

Birthplace Kansas

Resided in the State 52 (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Vista Hotel

Cause of Death Carcinoma of Colon with (Cocaine) metastises to Liver

Contributory Causes ..... and abdomen

Terminal Myocardial failure

Certifying Physician C. B. Andrews M.D. (or Coroner)

His Address Sonoma Cal.

Name of Father Thomas Snively

His Birthplace Unknown

Maiden Name of Mother Elizabeth Solar

Her Birthplace Unknown

Motor / Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery / Crematory } Mt. Cemetery Sonoma

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	295 —
Casket		
Burial Vault or Box		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ Slip, $ Underwear, $		2 73
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		147 50
Taking Remains to		15 00
Trip to Coroner's Inquest		2 65
Delivering Box to		165 15
Deliver Flowers to		49 45
Removal Charges		4 —
Procuring Burial Permit ..... (State Number and District)		6 —
Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		20 —
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev Perry Doctor		5 —
....line Death Notices in ..... Papers (Names of Newspapers)		2 58
Sales Tax		4 88
Total Footing of Bill	$	365 19
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
2/14/42	To Balance Forward		$
	By Payment	$ 10 —	$
-2	" "on acct	$	$ 20 00
2	Thomas H. Nelson	$	$ 20 —
2	Donald Nelson	$	$ 25 —
2	Nina Snyder	$	$ 4 —
2	Thomas H. Nelson	$	$ 20 —
2	" " " " "	$	$ 21 —
2	Donald Nelson		10 —
2	Corp. C. D. Nelson		10 —
	Mrs Franklin		10
	Chas. Henry Nelson		20 —
10	Tom Nelson		10 —
ess	Nina Snyder		2 —
3 Mo.	Chas H Nelson		5 —
4	Mrs Franklin		10 00

Insurance Companies

Legal Papers available to (Firm Name of Funeral Directors)

Insurance

I hereby a

for the pa days from date. Interest to accrue from

maturity

Witness.

4-1-42

35-5-19

187

168.19

San Francisco Casket Co.
321-335 Valencia Street
San Francisco, 3
Telephones Market 1146-1147

70

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 17 1942

Name of Deceased Myrtle E. Scott White

☐ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence Hotel Oxford S.F. ☐Husband ☐Wife ☐Widow } Chas. Scott (Dead)

Charge to Estate T. A. Scott (Son) or.....of } Age of Husband or Wife (if living).....Years

Address 2320-26th Ave. S.F.

Order given by T. A. Scott (Son)
(or informant)

How Secured Estate

If Veteran, State War —

Occupation At Home (Social Security Number)

Employer and Address

Date of Death 4/17/42 (Date) 9:30 P.M. (Hour)

Date of Birth Sept 21, 1877

Age 64 (Years) 6 (Months) 26 (Days)

Date of Funeral 4/21/42 (Date) Tues. (Day of Week) 2 P.M. (Hour)

Services at Halsted & Co.

Clergyman —
(Address)

Religion of the Deceased Prot.

Birthplace Salinas, Calif.

Resided in the State Life. (or U. S. or City or County) (Years) (Months)

Place of Death Lean Home Hotel Oxford

Cause of Death AC. Cardiac Dilitation

Contributory Causes Angina Pectoris
Cardiac Asthma

Certifying Physician E. J. Finnerty
(or Coroner)

His Address Sonoma.

Name of Father Stephen Dean

His Birthplace Wisconsin

Maiden Name of Mother Imogene Barkas

Her Birthplace Sacramento, Calif.

Motor Ship } Remains to Halsteds & Co.

Size of Casket
(State Color and Number)

Manufactured by

Cemetery ~~Crematory~~ } Cypress Lawn. Ind. Mausoleum

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	270 —
Casket No. 834		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 1/2 = 125.00 3		
Taking Remains to no. 34		
Trip to Coroner's Inquest Jaf 4.0 5.0 0		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall-Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
2- Certified certificates		2 —
....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		4 05
Total Footing of Bill	$	276 05
Less	$	
Balance	$	

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Statement re	To Above Balance	$	$		To Balance Forward	$	$
atty James T. Davis	By Payment	$	$	Aug 19 42	By Payment	$ 276 05	$
asst U.S. atty	" "	$	$		" "	$	$
422 - P.O. Bldg	" "	$	$		" "	$	$
S.F.	" "	$	$		" "	$	$
claim to date 6/18/42 for above atty	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

car for 8'20

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RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry April 19 19 42

Name of Deceased Elizabeth Annie Nelson White

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Sonoma Vista ☐Husband ☒Wife ☐Widow } Charles Henry Nelson 62

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Charles Henry Nelson

Address Box 83 Bayes Hot Springs, Cal

Order given by ..... (or informant)

How Secured .....

If Veteran, State War None

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death April 19, 1942 (Date) 3:30 A.M. (Hour)

Date of Birth Oct. 24, 1883

Age 58 (Years) 5 (Months) 25 (Days)

Date of Funeral April 21, 1942 (Date) Tuesday (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev. Perry Sonoma (Address)

Religion of the Deceased .....

Birthplace Kansas

Resided in the State 52 (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Vista Hotel

Cause of Death Carcinoma of Colon with (Coccum) metastises to Liver and Abdomen

Contributory Causes .....

Terminal Myocardial failure

Certifying Physician C. B. Andrews M.D. (or Coroner)

His Address Sonoma Cal.

Name of Father Thomas Snively

His Birthplace Unknown

Maiden Name of Mother Elizabeth Solar

Her Birthplace Unknown

Motor / Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery / Crematory } Mt. Cemetery Sonoma

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	295 —
Casket		
Burial Vault or Box		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ Slip, $ Underwear, $		2 73
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ½ = 147.50 RN 15.00		
Taking Remains to Windsor 2.65		
Trip to Coroner's Inquest 165.15		
Delivering Box to 3		
Deliver Flowers to Ind 49.45 Poole		4 —
Removal Charges		6 —
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		20 —
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev Perry		5 —
....line Death Notices in ..... Papers Sonoma Index		2 58
(Names of Newspapers)		
		488
Sales Tax		
Total Footing of Bill	$	365 19
Less	$	
Balance	$	
Entered into Ledger, page ..... or below.		

Date		Amount Paid	Balance
2/14/43	Called Franklin - agreed to do something Soon		
	To Above Balance	$	$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	Box 468 - Broderick Calif.		
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward	$	$
	By Payment Ray Franklin	$ 10 —	$
4-21-42	" " on acct	$	$ 20 00
4/28-42	Thomas H. Nelson	$	$ 20 —
5-8-42	Donald Nelson	$	$ 25 —
5-13-42	Nina Snyder	$	$ 4 —
6-17-42	Thomas H. Nelson	$	$ 20 —
7-15-42	" " " "	$	$ 21 —
7-15-42	Donald Nelson		10 —
8-13-42	Cora E. D. Nelson		10 —
8-27-42	Chas. Henry Nelson		10 —
9-29-42	Chas. Henry Nelson		20 —
11 26 43	Tom Nelson		10 —
	Nina Snyder		2 —
Mo. 3	Chas H Nelson		5 —
4	Mrs Franklin		10 00

Insurance $ ..... Names of Lodges .....

Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available for ambalm

(Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed Tom Nelson

Witness Refund on Box shipped May 25- Address Nina Snyder

Witness Irene Eureka

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Family

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry April 19 1942

Name of Deceased Lucien H. Johnson ..... White

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Boyes Hot Springs

☒ Husband ☒ Wife ☐ Widow } Janette Johnson (What Race)
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Claude E. Johnson

Address Sonoma Calif

Order given by ..... (or informant)

How Secured .....

If Veteran, State War .....

Occupation Retired Carpenter

Employer and Address No ... State Home ... (Social Security Number)

Date of Death April 19, 1942 (Date) 11 A.M. (Hour)

Date of Birth April 20 1865

Age 76 (Years) 11 (Months) 29 (Days)

Date of Funeral April 22 (Date) Wed. (Day of Week) 10 A.M. (Hour)

Services at Chapel

Clergyman ..... (Address)

Religion of the Deceased .....

Birthplace San Jose Calif

Resided in the State Life (or U. S., or City or County) (Years) (Months)

Place of Death Boyes Hot Springs

Cause of Death a. Cardiac Dilitation

Contributory Causes Chr' Aur Fabrillation

Chr' Endocarditis

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father Orrick Johnson

His Birthplace Baltimore Maryland

Maiden Name of Mother Mary A. Miller

Her Birthplace New Orleans Louisiana

Motor / Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery / Crematory } Mt. Cemetery Sonoma Calif

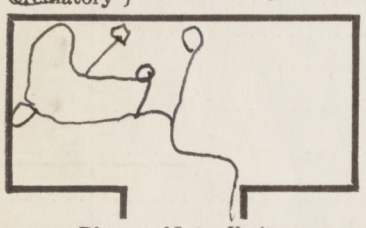

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	200 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body $ Shirt Underwear, $ 7x		170
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from Ft Bragg		100.00
Taking Remains to Mt		15.00
Trip to Coroner's Inquest Christ + Jay		1.65
Delivering Box to	1.16.65	
Deliver Flowers to	3	
Removal Charges Jay	3.49.95	
Procuring Burial Permit (State Number and District)		1 —
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		24 —
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev. Perry		3 —
.... line Death Notices in Santa Rosa Papers		2 58
(Names of Newspapers)		
Sales Tax		3 45
Total Footing of Bill certified copy	$	252 73
Less	$	253 23
Balance	$	10 25
Entered into Ledger, page ..... or below.		242 98

Date			Amount Paid	Balance
Statement May 2, 42	To Above Balance		$	$
	By Payment		$	$
	" "		$	$
	" "		$	$
	" "		$	$
	" "		$	$
	" "		$	$
	" "		$	$

Date			Amount Paid	Balance
	To Balance Forward		$	$
June 16, 42	By Payment in full		$ 242 98	$
	" "		$	$
	" "		$	$
	" "		$	$
	" "		$	$
	" "		$	$
	" "		$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 20 1942

Name of Deceased Richard Joseph Dowdall

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Carlson Rd. & Verano (What Race) W

Charge to Ellen Dowdall ☒ Husband ☐ Wife ☐ Widow or ..... of Ellen

Address El Verano Age of Husband or Wife (if living) 74 Years

Bill to

Order given by Edward Dowdall (or informant)

How Secured 605 - Haight ave; Alameda, Cal

If Veteran, State War

Occupation Farmer

(Social Security Number)

Employer and Address

Date of Death April 20, 42 (Date) 8:40 P.M. (Hour)

Date of Birth June 13, 1857

Age 84 (Years) 10 (Months) 7 (Days)

Date of Funeral 4/23/42 (Date) Thurs (Day of Week) 10 A.M. (Hour)

Services at St. Frances

Clergyman (Address)

Religion of the Deceased

Birthplace S. F. Calif

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Mem. Hos. Verano

Cause of Death Ac. Cardiac dilitation

Contributory Causes Senility

Ac. Lobar Pneumonia

Certifying Physician E. J. Finnerty (or Coroner)

His Address Sonoma

Name of Father John Dowdall

His Birthplace Ireland

Maiden Name of Mother Agnes Beaver

Her Birthplace Ireland

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Sonoma Catholic

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	200 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ½ M		100.00
Taking Remains to		15.00
Trip to Coroner's Inquest		115.00
Delivering Box to Fair		3
Deliver Flowers to		2.45 0.0
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		12 50
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Mass		15 —
....line Death Notices in Local Papers		2 50
Examiner (Names of Newspapers)		5 — 27
Sales Tax		3 45
Total Footing of Bill	$	253 80
Less	$	
Balance	$	

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance
Statement	To Above Balance May 2, 42		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
May 29	By Payment Paid on Acct	$	$ 75 00
Aug 13 42	" " In full	$	$ 178 80
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 24 19 42

Name of Deceased George H. Stillings (What Race) White

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Schellville Caly ☑ Husband ☐ Wife ☐ Widow } Edna B. Stillings 64

or..... of } Age of Husband or Wife (if living) Years

Charge to: Edna B Stillings

Address Rt 1 - Box 276 Sonoma Caly

Order given by (or informant)

How Secured

If Veteran, State War None

Occupation Retired Carpenter None (Social Security Number)

Employer and Address

Date of Death April 24, 1942 (Date) 11:30 A.M. (Hour)

Date of Birth March 2, 1870

Age 72 (Years) 1 (Months) 22 (Days)

Date of Funeral April 27 (Date) Monday (Day of Week) M. (Hour)

Services at Chapel

Clergyman (Address)

Religion of the Deceased

Birthplace Joplin Missouri

Resided in the State 65 yrs. (or U. S. or City or County) (Years) (Months)

Place of Death Near Schellville Caly

Cause of Death Coronary Thombosis Chronic

Contributory Causes Myocarditis Auricular fibrillation Coronary Arteriosclerosis Generalized Hypotension, Cerebral Hemorrhage, senile

Certifying Physician Dr. A. P. Andrews (or Coroner)

His Address Sonoma Caly

Name of Father David Stillings

His Birthplace

Maiden Name of Mother Sara Harkleroad

Her Birthplace

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / ~~Crematory~~ } Mt. Cemetery Sonoma, Caly

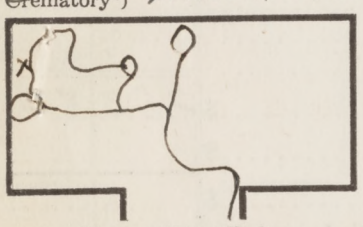

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	200 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 1/2 = 100.00		
Taking Remains to RT = 15.00		
Trip to Coroner's Inquest = 115.00 3		
Delivering Box to		
Deliver Flowers to Jaf 3.45.00		
Removal Charges		
Procuring Burial Permit (State Number and District)		6 —
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		26
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Temple Lodge #14 F & A.M.		
....line Death Notices in Democrat Papers		2 —
Posted (Names of Newspapers)		2 38
Sales Tax		3 45
Total Footing of Bill	$	255 03
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
	To Above Balance	$	$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

No statement Lloyd Stillings share will be paid Share allotted by 5 children

Statement to Rabli & Jensen June 1, 1942

Date		Amount Paid	Balance
Apr 25 42	To Balance Forward		$ 51 —
May 20 42	By Payment Ina Whitworth		$ 50 —
May 30 42	" Ralph Stillings		$ 52 —
July 3, 42	" Mrs Rabli		$ 51 —
July 5, 42	" Flora Jensen		$ 51
	" "		$
	" "		$
	" "		$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 24 1942

Name of Deceased Patrick Henry McGarr M.

☐ Married ☐ Single ☑ Widowed ☑ Divorced (What Race)

Residence Spain St. Sonoma Co. Calif. ☒Husband ☐Wife ☐Widow } Mary McGarr

or..... of } Age of Husband or Wife (if living) 61 Years

Charge to Mrs. Mary McGarr

Address Spain St. Sonoma, Cal.

Order given by..... (or informant)

How Secured.....

If Veteran, State War None

Occupation Retired Farmer (Social Security Number)

Employer and Address.....

Date of Death April 24. 1942 (Date) 2:30 PM (Hour)

Date of Birth Jan. 6. 1866

Age 76 (Years) 3 (Months) 18 (Days)

Date of Funeral April 27 (Date) Monday (Day of Week) 10 A.M. (Hour)

Services at St. Francis

Clergyman..... (Address)

Religion of the Deceased.....

Birthplace Canada

Resided in the State..... (or U. S. or City or County) 55 (Years) (Months)

Place of Death Spain St. Sonoma

Cause of Death Myocardial Failure

Contributory Causes Arteriosclerosis

.....

Certifying Physician Dr. A. K. McGrath (or Coroner)

His Address Sonoma, Calif.

Name of Father Patrick McGarr

His Birthplace Canada

Maiden Name of Mother Unknown

Her Birthplace Ireland

Motor Ship } Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by.....

Cemetery Crematory } Catholic Cemetery Sonoma.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	145 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 1/2 — 72.50		
Taking Remains to Mt. 15.00		
Trip to Coroner's Inquest 87.50		
Delivering Box to —		
Deliver Flowers to Fair 22.50		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No.		
Pall Bearer Service, $.... Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot 2 grams @ 10.00		20 —
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		12 50
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Mass		15 —
....line Death Notices in Mt. Papers		
(Names of Newspapers)		
Sales Tax		2 63
Total Footing of Bill	$	210 13
Less	$	8 —
Balance	$	202 13

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$ April 28/42		To Balance Forward	202 —	$ —
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

76

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 25 1942

Name of Deceased Alice M. Frago White

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Curtain Ave Sonoma, Cal. ☐Husband ☒Wife ☐Widow } Frank Frago 41

or..... of } Age of Husband or Wife (if living) Years

Charge to Frank W. Frago

Address Curtain Ave Sonoma

Order given by (or informant)

How Secured

If Veteran, State War

Occupation Housewife ? (Social Security Number)

Employer and Address

Date of Death April 25, 1942 5:40 P.M. (Date) (Hour)

Date of Birth Feb. 20, 1906

Age 36 (Years) 3 (Months) 5 (Days)

Date of Funeral April 28 Tuesday 1:1? M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. Ray (Address)

Religion of the Deceased

Birthplace Denver Colorado

Resided in the State 8 (or U. S. or City or County) (Years) (Months)

Place of Death Curtain Ave Sonoma

Cause of Death

Contributory Causes

Certifying Physician Dr. Newman M.D. (or Coroner)

His Address Sonoma, Cal.

Name of Father John D. Smith

His Birthplace Erie Colorado

Maiden Name of Mother Harriett M. Johns

Her Birthplace ? Nebraska

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Valley Cemetery

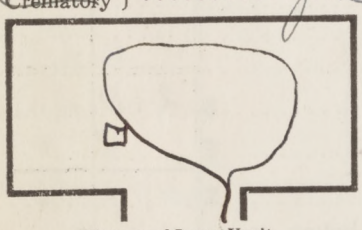

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 50	-
Casket No. 1314		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from 1/2 = 25.00		
Taking Remains to 3		
Trip to Coroner's Inquest 75.00		
Delivering Box to Jail		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb	10	-
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ Singers, $ Organist, $		
Railroad or Motor } Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
line Death Notices in Papers (Names of Newspapers)		
Sales Tax		98
Total Footing of Bill	$ 60	98
Less	$	
Balance	$	

Entered into Ledger, page or below.

Date		Amount Paid	Balance
9/2/44	Letter		
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
4-26-42	By Payment	$ 10 -	$
Feb 4-43	" "	$ 10 -	$
June 1 44	" "	$ 10 -	$
Sept 25-44	" "	$ 10	$
Nov 15 44	" "	$ 10 30	$
June 4 1945	" " Jail	$ 10 38	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

77

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 29 1942

Name of Deceased Louis Phillip Kearney
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence West Agua Caliente Precinct ☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Wm Kearney

Address P.O. Box 75 El Verano, Caly

Order given by ..... (or informant)

How Secured .....

If Veteran, State War None

Occupation Retired Lumber dealer — (Social Security Number)

Employer and Address .....

Date of Death April 29, 1942 (Date)

Date of Birth August 22 (Hour) 1876

Age 65 (Years) 8 (Months) 7 (Days)

Date of Funeral 2nd May 2, Saturday (Date) (Day of Week) ..... (Hour) M.

Services at .....

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Berkeley Caly

Resided in the State Life (or U.S. or City or County) (Years) (Months)

Place of Death West Agua Caliente Precinct

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician E. J. Finnerty M.D. (or Coroner)

His Address Sonoma Caly

Name of Father John Kearnly

His Birthplace Ireland

Maiden Name of Mother Elizabeth Donegan

Her Birthplace Ireland

Motor Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery Crematory } Catholic Cemetery Sonoma Cal.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	295 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 1/2		147.50
Taking Remains to SM		15.00
Trip to Coroner's Inquest		$1.62.50
Delivering Box to		
Deliver Flowers to Fay		4.87.50
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		12.50
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced Mass		15 —
Out of town Undertaker's Charges		
Personal Service		
Democrat		2 —
....line Death Notices in ~~local~~ Papers		2.58
Examiner (Names of Newspapers)		4.65
Sales Tax		4.88
Total Footing of Bill	$	351.61
Less 5% on #315	$	15.50
Balance	$	336.11

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$	5-15-42	To Balance Forward in full	336 11	$ —
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

78

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 30 1942

Name of Deceased Angela Sanguinetti W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 2114 - 30th Ave, S.F. ☐Husband ☐Wife ☐Widow } .....

or..... .....of } Age of Husband or Wife (if living).....Years

Charge to: Mrs. Estate

Address.....

Order given by Mrs. Mary McGarr. Mrs. Tanner

(or informant)

How Secured 2114 - 30 ave S F.

If Veteran, State War —

Occupation Housewife —

(Social Security Number)

Employer and Address.....

Date of Death 4/30/42 6:10 P.M.

(Date) (Hour)

Date of Birth April 15, 1860

Age 82 — 15

(Years) (Months) (Days)

Date of Funeral May 5, 42 Tues 10:30 A.M.

(Date) (Day of Week) (Hour)

Services at St. Francis, Sonoma Co. Calif.

Clergyman.....

(Address)

Religion of the Deceased.....

Birthplace Genoa, Italy

Resided in the State 56

(or U. S. or City or County) (Years) (Months)

Place of Death Napa State Hospital

Cause of Death Senility

Contributory Causes Arteriosclerosis

Psychoses

Certifying Physician R. S. Rood M.D.

(or Coroner)

His Address Napa State Hospital

Name of Father Francis Ghiorsi

His Birthplace Italy

Maiden Name of Mother Madeline —

Her Birthplace Italy

Motor Ship } Remains to.....

Size of Casket.....

(State Color and Number)

Manufactured by.....

Cemetery Crematory } Catholic Cem. Fairfield, Calif.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	310 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to Fairfield		—
Trip to Coroner's Inquest 1½ = 15.00		
Delivering Box to		
Deliver Flowers to Jas. 4.50		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced Mass		15 —
Out of town Undertaker's Charges		31 —
Personal Service		
...		
...line Death Notices in ... Papers (Names of Newspapers)		
...		
Sales Tax		4 65
Total Footing of Bill	$	360 65
Less 5% on $310	$	15 50
Balance	$	345 15
Entered into Ledger, page ... or below.		345 15

Date		Amount Paid	Balance
Statement	To Above Balance May 8-42		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
May 27	By Payment Paid In full	$	$ 345 15
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....

(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

79

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry May 2 1942

Name of Deceased Infant Son of Harold Brundige White

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Sonoma ☐ Husband ☐ Wife ☐ Widow } .....

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Harold Brundige

Address

Complete Funeral (except outlays) C ..... $ 4 —

TELEPHONE 43

Bates and Evans

Funeral Directors

SONOMA, CALIFORNIA

May, 2, 1942

I hereby authorize above named firm to prepare body of my infant son and inter same in the valley cemetery at Sonoma.

Signed Harold C. Brundige Father

Motor / Ship } Remains to .....

Size of Casket .....

(State Color and Number)

Manufactured by .....

Cemetery / ~~Crematory~~ } Valley Cemetery

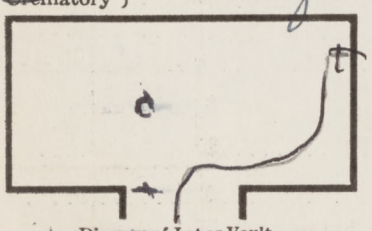

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Out of town Undertaker's Charges		
Personal Service		
.....line Death Notices in .....Papers		
(Names of Newspapers)		
Sales Tax		06
Total Footing of Bill ..... $	6	06
Less ..... $		
Balance ..... $		

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	May 2	By Payment In full	$	$ 6 —
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....

(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

78

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 30 1942

Name of Deceased Angela Sanguinetti F.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 2114 - 30th Ave, S.F. ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living)..... Years

Charge to: Mrs. Estate

Address.....

Order given by: Mrs. Mary McGarr. Mrs. Wanner (or informant)

How Secured 2114 - 30 ave S F.

If Veteran, State War —

Occupation Housewife — (Social Security Number)

Employer and Address.....

Date of Death 4/30/42 (Date) 6:10 P.M. (Hour)

Date of Birth April 15, 1860

Age 82 (Years) — (Months) 15 (Days)

Date of Funeral May 5, 42 (Date) Tues (Day of Week) 10:30 A.M. (Hour)

Services at: St. Francis, Sonoma

Clergyman:..... (Address)

Religion of the Deceased.....

Birthplace Genoa, Italy

Resided in the State..... (or U. S. or City or County) 56 (Years) — (Months)

Place of Death Napa State Hospital

Cause of Death Senility

Contributory Causes Arteriosclerosis

Psychoses

Certifying Physician D. S. Rood M.D. (for Coroner)

His Address Napa State Hospital

Name of Father Francis Ghiorsi

His Birthplace Italy

Maiden Name of Mother Madeline —

Her Birthplace Italy

Motor / Ship } Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by.....

Cemetery / ~~Crematory~~ } Catholic Cem. Fairfield, Calif.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	310 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from Colma		
Taking Remains to Fairfield		~~—~~ —
Trip to Coroner's Inquest 1½ = 15.00		
Delivering Box to		
Deliver Flowers to Jas. 4.50		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced Mass		15 —
Out of town Undertaker's Charges		31 —
Personal Service		
....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		4 65
Total Footing of Bill	$	360 65
Less 5% on #310	$	15 50
Balance	$	345 15
Entered into Ledger, page ..... or below.		345 15

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Statement	To Above Balance May 8-42		$		To Balance Forward		$
	By Payment	$	$	May 27	By Payment Paid In full		$ 345 15
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Date of Death ..... May 2 1942 ~~8:45~~ P.M.
(Date) (Hour)

Date of Birth .. May 2, 1942

Age ..... 30 min
(Years) (Months) (Days)

Date of Funeral .. May 2 Sat ..... M.
(Date) (Day of Week) (Hour)

Services at .....

Clergyman .....
(Address)

Religion of the Deceased .....

Birthplace .. ~~Burndale~~ Hospital

Resided in the State ..... Life
(or U. S. or City or County) (Years) (Months)

Place of Death .. Burndale Hospital

Cause of Death .. Premature Birth

Contributory Causes .....

.....

Certifying Physician Dr. A. K. McGuill
(or Coroner)

His Address .. Sonoma Caly

Name of Father .. Harold Brundage

His Birthplace .. Healdsburg Caly

Maiden Name of Mother .. Lois Bearge

Her Birthplace .. Washington

Motor Ship } Remains to .....

Size of Casket .....
(State Color and Number)

Manufactured by .....

Cemetery ~~Crematory~~ } Valley Cemetery

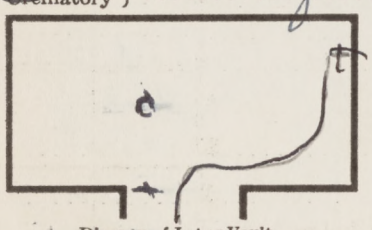

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Folding Chairs, $	Tarpaulin, $		
Candelabrum, $	Candles, $		
Door Spray, $	Gloves, $		
Funeral Car, $	Ambulance, $		
Limousines to Cemetery	@ $		
Extra Limousines	@ $		
Autos to R. R. Station	@ $		
Getting Remains from .. 1/2	2.00	3	
Taking Remains to			
Trip to Coroner's Inquest 1/4	10.00		
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit			
(State Number and District) Certif. Copies of Death Certificates No.			
(State Physician's or Coroner's) Pall Bearer Service, $ .... Use of Chapel, $			
Gross Total for Sales Tax	$		
Outlay for Lot			
Cremation			
Flowers, $ ..... Palms, $ ..... Matting, $			
Rental of Tent, $ .... of Temporary Vault, $			
Opening of Grave or Tomb		2	—
Lining Grave, $ ..... Lowering Device, $			
Outlay for Shipping Charges			
Clergyman, $ ..... Singers, $ .... Organist, $			
Railroad or Motor } Tickets, $ ..... Aeroplane } Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service			
.....			
....line Death Notices in ..... Papers			
(Names of Newspapers)			
.....			
Sales Tax			06
Total Footing of Bill	$	6	06
Less	$		
Balance	$		
Entered into Ledger, page ..... or below.			

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$ .....
	By Payment	$	$	May 2	By Payment Dr. Guill	$	$ 6 —
	" "	$	$		" "	$	$ .....
	" "	$	$		" "	$	$ .....
	" "	$	$		" "	$	$ .....
	" "	$	$		" "	$	$ .....
	" "	$	$		" "	$	$ .....
	" "	$	$		" "	$	$ .....

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 3 1942

Name of Deceased Alma Belle Cooper (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Kentfield - No. 5 Rosebank Ave ☐Husband ☐Wife ☐Widow or..... .....of } Age of Husband or Wife (if living).....Years

Charge to: Geo. Cooper

Address Acacia Ave. Kentfield

Order given by..... (or informant)

How Secured.....

If Veteran, State War ..... none .....

Occupation At home (Social Security Number)

Employer and Address .....

Date of Death 5-3-42 (Date) 6 P.M. (Hour)

Date of Birth Dec. 20 - 1863

Age 78 (Years) 4 (Months) 13 (Days)

Date of Funeral 5-6-42 (Date) Wed. (Day of Week) 2. P.M. (Hour)

Services at Chapel

Clergyman Rev. Raney - Petaluma (Address)

Religion of the Deceased Prod.

Birthplace Michigan

Resided in the State 72 yrs (or U. S. ? City or County) (Years) (Months)

Place of Death Home in Kentfield

Cause of Death Myocardial infarction

Contributory Causes Coronary sclerosis

Coronary Thrombosis

Certifying Physician W. Scott Pollard (or Coroner)

His Address 1010 B St San Rafael

Name of Father Charles Ford Carmer

His Birthplace New Jersey

Maiden Name of Mother Orpha Crocker Waugh

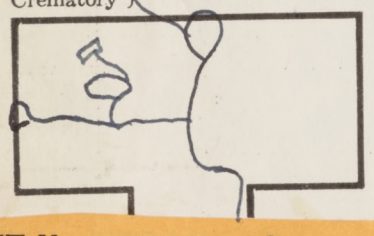
Her Birthplace Ohio

Motor Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery Crematory } Mt. Cemetery



Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	330 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 1/2 = 165.00		
Taking Remains to Pet 15.00		
Trip to Coroner's Inquest 180.00 3		
Delivering Box to		
Deliver Flowers to Fay 5,40 0 0		
Removal Charges		
Procuring Burial Permit (State Number and District)		1 —
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $ ..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		18
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service. Rev. Raney		75 0
Mrs Greenstead		5 —
....line Death Notices in Courier		2 5 8
Examiner		4 63
(Names of Newspapers) Chronicle		4 20
Sales Tax		5 40
Total Footing of Bill	$	393 33
Less	$	17 25
Balance	$	376 08

Entered into Ledger, page .....or below.

CASKET No. 5910 **Size** 6/3 **Date** 10/15/41

COVERING Shade #975 Silver & Gold Cascade. Cal. C. Co.

DESCRIPTION Interior white over flesh with #1347 flesh drapes

Date			Amount Paid	Balance
	To Balance Forward		$	$
June 5 42	By Payment In full	$ 376 08	$	$
	" "	$	$	$
	" "	$	$	$
	" "	$	$	$
	" "	$	$	$
	" "	$	$	$
Statement May 30 42	" "	$	$	$
2nd Claim to Vets	" "	$ 7/23/42	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Witness..... Signed.....

Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Phone 17 Y 11

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 8 1942

Name of Deceased Oliver Thomas Wilkinson White
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Maple Ave. El Verano ☒Husband ☐Wife ☐Widow or ..... of Catherine E. Wilkinson

Charge to Mrs. Catherine Wilkinson Age of Husband or Wife (if living) 59 Years

Address Box 152 El Verano - Maple Ave

Order given by Oliver Wilkinson Jr.
(or informant)

How Secured

If Veteran, State War Spanish American

Occupation Auto Salesman 556-24-6761
(Social Security Number)

Employer and Address E. Coates - Sonoma, Cal

Date of Death 5-8-42 (Date) 12:45 A.M. (Hour)

Date of Birth Jan. 4 - 1876

Age 66 (Years) 3 (Months) 4 (Days)

Date of Funeral 5-11-42 (Date) Mon. (Day of Week) M. (Hour)

Services at Chapel

Clergyman V. F. W. (Address)

Religion of the Deceased Prot.

Birthplace Camp San Saba, Texas

Resided in the State 44 yrs. (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma, Cal.

Cause of Death Ac. Cardiac Dilitation

Contributory Causes Chr. Endocarditis
Coronary Occlusion

Certifying Physician E. J. Finnerty (or Coroner)

His Address Sonoma, Cal.

Name of Father Thomas Wilkinson

His Birthplace unknown

Maiden Name of Mother Kate Turner

Her Birthplace Texas

Motor / Ship } Remains to

Size of Casket 34.5 H.B. Broadcloth (State Color and Number)

Manufactured by S. F. C. Co.

Cemetery / ~~Crematory~~ } Mt. Cemetery

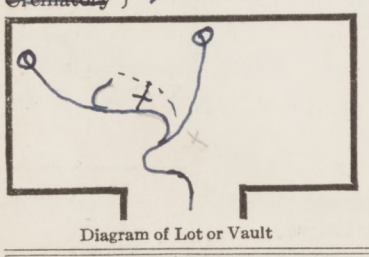

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	295 —
Casket 200		
Burial Vault or Box 15 — (State Kind)		15 —
Embalming Body 25 (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $ 2.50		
Funeral Car, ~~Hearse~~ 15 — Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines 10 — @ $		
Autos to R. R. Station @ $		
Getting Remains from 5 —		
Taking Remains to 1/2 = 147.50		
Trip to Coroner's Inquest 1/4 15.00		
Delivering Box to 16.21.50 3		
Deliver Flowers to Jay 4.87.50		
Removal Charges		
Procuring Burial Permit		6 —
(State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot ... Cemetery posts (2)		2 —
Cremation		
Flowers, $ 5.00 Palms, $ .... Matting, $		5 —
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		30 —
Lining Grave, $ ~~1~~ Lowering Device, $ 5 —		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service 32.50		
.....		
....line Death Notices in Postal Local Papers		2.58
(Names of Newspapers)		
Sales Tax		4.88
Total Footing of Bill	$	360 46
Less	$	15 50
Balance	$	344 96

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
May 18 42	To Above Balance		$
	By Payment	$	$
June 6 42	" Ver claim mailed	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Hyperion Grinstead - Discharge Statement

Date		Amount Paid	Balance
	To Balance Forward		$
June 8 42	By Payment	344 96	$
	" "	$	$
Sept. 19	" Due full	$ 100 80	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 11 1942

Name of Deceased John Smallen White

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence El Verano Caly ☐Husband ☐Wife ☐Widow } Rosie Smallen 61

or..... of } Age of Husband or Wife (if living).....Years

Charge to Mrs. Rosie Smallen

Address P.O. Box 234 El Verano Caly

Order given by..... (or informant)

How Secured.....

If Veteran, State War.....

Occupation Welder 559-05-4168 (Social Security Number)

Employer and Address Coops Machine Shop

Date of Death May 11 1942 3:30 A.M. (Date) (Hour)

Date of Birth Dec. 18, 1890

Age 51 (Years) 4 (Months) 23 (Days)

Date of Funeral May 13 - (Date) Wed (Day of Week) 2:30 P.M. (Hour)

Services at Chapel

Clergyman..... (Address)

Religion of the Deceased.....

Birthplace Nashville, Tennessee

Resided in the State 38 (or U. S. or City or County) (Years) (Months)

Place of Death El Verano Caly

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Dr. C. B. Andrews (or Coroner)

His Address Sonoma, Caly

Name of Father James Smallen

His Birthplace Tennessee

Maiden Name of Mother Margaret Hooven

Her Birthplace Tennessee

Motor Ship } Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by.....

Cemetery Crematory } Mt. Cemetery Sonoma Caly.

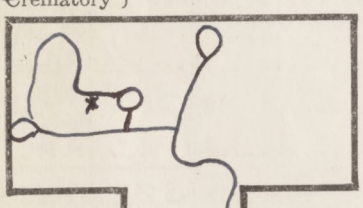

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 295	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 1/2 = 14.50		
Taking Remains to 1/2 = 15.00		
Trip to Coroner's Inquest 16.21.50		
Delivering Box to		
Deliver Flowers to Jay 4.87.50		
Removal Charges		
Procuring Burial Permit (State Number and District)	6	—
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot 4 Poets	4	—
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb	20	
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev. Perry	5	—
.....line Death Notices in Local Papers (Names of Newspapers)	2	58
Sales Tax	4	88
Total Footing of Bill	$ 352	46
Less	$	
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance
Statement	To Above Balance 5/14/42		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
May 14, 42	To Balance Forward	$ 100 —	$
" 24, 42	By Payment	$ 15 —	$
June 9 45	" "	$ 15 —	$
June 24, 42	" "	$ 15 —	$
July 11, 42	" "	$ 15 —	$
" 29, 42	" "	$ 15 —	$
Aug 15, 42	" "	$ 15 —	$
Aug 22, 42	" "	$ 15 —	$
Aug 29, 42	Insurance	15 —	
Sept 4	Companies	15 —	
Sept 29, 42		30 —	
Oct 13-42		20 —	
Oct. 26-42		30 —	
Nov. 14-42		15	
Nov 28, 42		In full 22.46	

Insurance $..... Names of Lodges.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Witness..... Signed.....

Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 18 1942

Name of Deceased Adrian Jacobsen White

☐ Married ☐ Single ☒ Widower ☐ Divorced (What Race)

Residence Ed. Verano, Calif. ☐Husband ☐Wife ☐Widow } Widowed

or.....of } Age of Husband or Wife (if living).....Years

Charge to Fred Jensen

Address 4.00 Dubarc Ave S.F.

Order given by Phone Mkt 8988
(or informant)

How Secured

If Veteran, State War

Occupation Retired Baker
(Social Security Number)

Employer and Address

Date of Death May 18, 1942 (Date) 3:30 P.M. (Hour)

Date of Birth April 18 - 1867

Age 75 (Years) 1 (Months) (Days)

Date of Funeral May 20 (Date) Wed (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman (Address)

Religion of the Deceased

Birthplace Denmark

Resided in the State 60 (or U.S. or City or County) (Years) (Months)

Place of Death Ed. Verano, Calif.

Cause of Death A.C. Dilitation 1 day

Contributory Causes

Apoplexy

Certifying Physician (or Coroner)

His Address

Name of Father Unknown Jacobsen

His Birthplace Denmark

Maiden Name of Mother Unknown

Her Birthplace Denmark

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Chapel of the Chimes

Complete Funeral (except outlays)	$	235 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $ 1/2 = 117.50		
Extra Limousines ... @ $ 3		
Autos to R. R. Station ... 10 @ $ 3.50		35 —
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to Ashes Express		40
Removal Charges		
Procuring Burial Permit Cemetery (Ashes) (State Number and District)		4 —
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Crock for ashes		80
Cremation		45 —
Flowers, $ ... Pillow, $ ... Matting, $		7 50
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb for Ashes		3 —
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
....line Death Notices in Examiner		3 10
... R. (Names of Newspapers)		5 —
... Mrs. Grunstead		5 —
Sales Tax		3 33
Total Footing of Bill	$	312 33
Less	$	11 75
Balance	$	300 58
Entered into Ledger, page ... or below.		

Casket No. 9525 **Order No.**

Size 6/3 **Date** 2/

Covering S.F.C.Co Grey Doeskin

Description Lined 1005 #65 Pillow Set 352 Spt Handles

Date		Amount Paid	Balance
June 3, 1942	To Balance Forward	$	$300 58
	By Payment	$	$
Statement	" May 31, 1942	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

84

Family.

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry May 19 1942

Name of Deceased Claude E. Johnson (What Race) White

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Napa St. West

☐ Husband ☐ Wife ☐ Widow } or ..... of } Clara Johnson 69
Age of Husband or Wife (if living) ..... Years

Charge to Clara Johnson

Address Napa St. West

Order given by ..... (or informant)

How Secured .....

If Veteran, State War None

Occupation Home Gardener None (Social Security Number)

Employer and Address .....

Date of Death May 19. 1942 (Date) 12:30 P.M. (Hour)

Date of Birth April 20. 1870

Age 72 (Years) ..... (Months) 29 (Days)

Date of Funeral May 21 (Date) Thurs (Day of Week) 10 A.M. (Hour)

Services at C. Chapel

Clergyman Rev. Perry Sonoma (Address)

Religion of the Deceased .....

Birthplace San Francisco Calif

Resided in the State Life (or U. S. or City or County) ..... (Years) ..... (Months)

Place of Death Burnsdale Hospital

Cause of Death AC. Dilitation

Contributory Causes .....

Apoplexy

Certifying Physician Dr. Finnerty (or Coroner)

His Address Sonoma Calif

Name of Father Orrick Johnson

His Birthplace Baltimore Maryland

Maiden Name of Mother Mary A. Miller

Her Birthplace New Orleans, Louisiana

Motor / Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery / ~~Crematory~~ } Mt. Cemetery Sonoma

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Entered into Ledger, page ..... or below.

Complete Funeral (except outlays)	$	200 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from Napa =		100.00
Taking Remains to Mt.		15.00
Trip to Coroner's Inquest		115.00
Delivering Box to		
Deliver Flowers to Mt.		3.45.00
Removal Charges		
Procuring Burial Permit		1 —
(State Number and District) Certif. Copies of Death Certificates No.		
(State Physician's or Coroner's) Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		22 —
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Rev. Perry		5 —
....line Death Notices in Sac Bees		2 58
Democrat		2 —
(Names of Newspapers) Examiner		3 41
Sales Tax		3 46
Total Footing of Bill	$	254 44
Less	$	10 75
Balance	$	243 69

CASKET No. 27 Size 6/3 Date

COVERING Shade #9 Steel English Crepe C. C. Co.

DESCRIPTION #1127 white puffing

Balance	Date		Amount Paid	Balance
	June 16, 42	To Balance Forward		$
		By Payment	$ 243 69	$
		" "	$	$
		" "	$	$
Statement May 20, 1942		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

85

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 20 19.42

Name of Deceased William H. Lyon

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Novato ☐Husband ☐Wife ☐Widow } Ida Lyon

or..... of } Age of Husband or Wife (if living).....Years

Charge to Mrs. Maida Bunt

Address Grant Ave Novato Calif

Order given by..... (or informant)

How Secured.....

If Veteran, State War None

Occupation Retired Tailor None (Social Security Number)

Employer and Address.....

Date of Death May 20, '42 (Date) 1:a.m. (Hour)

Date of Birth June 12, 1854

Age 87 (Years) 11 (Months) 8 (Days)

Date of Funeral May 21 (Date) Thurs (Day of Week) 2 P.M. (Hour)

Services at Chapel of The Chimes

Clergyman Masonic Order Novato (Address)

Religion of the Deceased.....

Birthplace Ogdensburg N. Y.

Resided in the State 28 yrs. (or U. S. or City & County) (Years) (Months)

Place of Death Marin Co. Farm Hospital

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician..... (or Coroner)

His Address.....

Name of Father James E. Lyon

His Birthplace Ogdensburg N. Y.

Maiden Name of Mother Cornelia J. Schermerhorn

Her Birthplace Ogdensburg, N. Y.

Motor Ship } Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by.....

~~Cemetery~~ ~~Crematory~~ Chapel of The Chimes Santa Rosa

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	120 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear $		
Suit or Dress Gift (State Kind and Color)		52
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ..... 1/2 = 60.00		
Taking Remains to ..... Inc 50.		
Trip to Coroner's Inquest 60.50		
Delivering Box to 3		
Deliver Flowers to ..... Inc #1,81.50		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation ..... Permit		45 50
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....line Death Notices in..... Papers (Names of Newspapers)		
		1 80
Sales Tax		
Total Footing of Bill	$	167 82
Less	$	
Balance	$	

Entered into Ledger, page..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Statement May 21, 1942	To Above Balance		$	June 5, 42	To Balance Forward	167 82	$ —
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

86

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 21 19 42

Name of Deceased Irene Maslin

☐ Married ☐ Single ☐ Widowed ☑ Divorced (What Race) W.

Residence Wyatt Rd. Near El Verano ☐Husband ☒Wife ☐Widow } Harry V. 49

Charge to Harry V. Maslin or.....of } Age of Husband or Wife (if living).....Years

Address R.F.D. Sonoma Box 128

Order given by "

(or informant)

How Secured No payments

If Veteran, State War

Occupation Housewife

(Social Security Number)

Employer and Address

Date of Death 5/21/42 8:45 P.M.

(Date) (Hour)

Date of Birth Aug 11, 1894

Age 47 (Years) 8 (Months) 10 (Days)

Date of Funeral 5/23/42 Sat 10 A.M.

(Date) (Day of Week) (Hour)

Services at Chapel of Chimes S. Rosa

Clergyman Rev. E. F. Raymond - Forestville

(Address)

Religion of the Deceased

Birthplace Vancouver, Wash.

Resided in the State 20.

(or U.S. or City or County) (Years) (Months)

Place of Death Wyatt Rd, El Verano

Cause of Death Dr certificate

Contributory Causes

C.H. Anderson

Certifying Physician W. J. Newman

(or Coroner)

His Address Sonoma

Name of Father Whit Sherrod

His Birthplace

Maiden Name of Mother Mary Banks

Her Birthplace

Motor Ship } Remains to

Size of Casket 6/3 #37 Cotton G.A. Copper

(State Color and Number)

Manufactured by C.C. Co.

~~Cemetery~~ Crematory } Chapel of Chimes

Lot No.

Grave No.

Section No.

Block No.

Owner

Diagram of Lot or Vault

Complete Funeral (except outlays)	$ 160 —
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ... Hair Dressing, $	
Dressing Body, $ ... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ... Hose, $	
Folding Chairs, $ ... Tarpaulin, $	
Candelabrum, $ ... Candles, $	
Door Spray, $ ... Gloves, $	
Funeral Car, $ ... Ambulance, $	
Limousines to Cemetery ... @ $	
Extra Limousines ... @ $	
Autos to R. R. Station ... @ $	
Getting Remains from ... 1/2 = 80.00 / 3	
Taking Remains to	
Trip to Coroner's Inquest Sat 240.00	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	45 —
Flowers, $ ... Palms, $ ... Matting, $	
Rental of Tent, $ ... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ... Singers, $ ... Organist, $	
Railroad or Motor } Tickets, $ ... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service	
line Death Notices in Sonoma Papers	2 —
(Names of Newspapers) Rev. Raymond	5 —
	2 40
Sales Tax	
Total Footing of Bill	$ 314 40
Less	$
Balance	$

Date		Amount Paid	Balance
Statement May 30, 1944	To Above Balance		$
Letter Jan 11, 1944 —	By Payment	$	$
7/20/44 Letter —	"	$	$
Mar 15 Mrs Dorothy Maslin advised that starting the 1st week in Apr 10.00 per mo. of lease	"	$	$
	"	$	$
	"	$	$
	"	$	$

Oct 6 10 00
Nov. 10 —
Dec 4 10 —
May 2 49 40
314.40

In Full
May 2 - 45

Insurance $..... Names of Lodges.....

I hereby authorize the above Funeral, and I hereby represent that I have suffic... Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the ... est to accrue from maturity at the rate of.....% per annum.

Witness.....

Compiled by F. J. FEINE

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 27 1942

Name of Deceased Michael Thomas Howard (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence Millbourn

☐Husband ☐Wife ☐Widow } ..... Age of Husband or Wife (if living)..... Years
or..... of }

Charge to Richard Howatt.

Address R.F.D. Sonoma Box 477-A

Order given by "Hyde Track" (or informant)

How Secured

If Veteran, State War

Occupation (Social Security Number)

Employer and Address

Date of Death 5/24/42 (Date) 4 P.M. (Hour)

Date of Birth 5/23/42

Age 20 hrs (Years) (Months) (Days)

Date of Funeral 5/25/42 (Date) Mon (Day of Week) 3 P.M. (Hour)

Services at Graveside

Clergyman Father Keller (Address)

Religion of the Deceased

Birthplace Buendale

Resided in the State Life (or U.S. or City or County) (Years) (Months)

Place of Death Buendale

Cause of Death Respiratory Failure

Contributory Causes

Certifying Physician Wm J Hamma (or Coroner)

His Address Agnews

Name of Father Richard Howard

His Birthplace Toledo, Ohio

Maiden Name of Mother Leona Marene Washington

Motor Ship } Remains to

Size of Casket 7a Stillborn (State Color and Number)

Manufactured by S.L. Co.

Cemetery Crematory } Rosemont Catholic

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 15	00
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ..... 1/2 = 7.50 3		
Taking Remains to		
Trip to Coroner's Inquest Jaf. 22.50		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $	3	—
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....		
....line Death Notices in ..... Papers		
(Names of Newspapers)		
		23
Sales Tax		
Total Footing of Bill	$ 18	23
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
Statement May 30 1942	To Above Balance	$	$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
June 26 42	To Balance Forward	5 00	$
July 17, 42	By Payment J M Hall	$ 13 23	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

86

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 21 19 42

Name of Deceased Irene Maslin W.

☐ Married ☐ Single ☐ Widowed ☑ Divorced (What Race)

Residence Wyatt Rd. Nar. El Verano ☐Husband ☒Wife ☐Widow } Harry V. 49

or.....of } Age of Husband or Wife (if living).....Years

Charge to Harry V. Maslin

Address R.F.D. Sonoma Box 128

Order given by "

(or informant)

How Secured Ins. payments

If Veteran, State War

Occupation Housewife

(Social Security Number)

Employer and Address

Date of Death 5/21/42 8:45 P.M.

(Date) (Hour)

Date of Birth Aug. 11, 1894

Age 47 8 10

(Years) (Months) (Days)

Date of Funeral 5/23/42 Sat 10 A.M.

(Date) (Day of Week) (Hour)

Services at Chapel of Chimes S.R.

Clergyman Rev. E. F. Raymond - Rosa

(Address)

Religion of the Deceased

Birthplace Vancouver, Wash.

Resided in the State 20.

(or U.S. or City or County) (Years) (Months)

Place of Death Wyatt Rd, El Verano

Cause of Death ad certificate

Contributory Causes

C.P. Anderson

Certifying Physician W. J. Newman

(or Coroner)

His Address Sonoma

Name of Father Whit Sherrod

His Birthplace

Maiden Name of Mother Mary Banter

Her Birthplace

Motor / Ship } Remains to

Size of Casket 6/3 #37 Cotton G

(State Color and Number)

Manufactured by C. C. Co.

~~Cemetery~~ / Crematory } Chapel of Chimes

Lot No.

Grave No.

Section No.

Block No.

Owner

Diagram of Lot or Vault

Complete Funeral (except outlays)	$ 160	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from ... 1/2 = 80.00 / 3		
Taking Remains to		
Trip to Coroner's Inquest Sat ... 240.00		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45 —
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / Motor } Tickets, $ ... Aero- Service, $		
Telegr., Phone, Cable ... arges		2 —
Cash Advan...		5 —
Out...		2 40
	$	314 40
	$	
	$	

Date		Amount Paid	Balance
Statement May 30, 1944	To Above Balance		$
Letter Jan 11 1944 —	By Payment	$	$
7/20/44	Letter —	$	$
Mar. 15	Mrs Dorothy Maslin agreed	$	$
That starting the 1st week in April		$	$
10 ea mo. of each		$	$
	" "	$	$
	" "	$	$

Date			Balance
	Balance Forward	50 —	$
Jan 15, 44	By Payment 2	$ 20 —	$
Dec 11 '42	" "	$ 5 —	$
April 8-44	" " 7/0	$ 10	$
May 6, 44	" 7/0	$ 10	$
June 12, 44	" 7/0	$ 10 —	$
July 8 44	"	$ 10	$
Aug 15, 1944 —	"	$ 10	$
Sept 5, 44		10	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....

(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

87

Total No..... Yearly No..... Date of Entry May 27 1942

Name of Deceased Michael Thomas Hewatt (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence Sullivan ☐Husband ☐Wife ☐Widow } .....

Charge to Richard Hewatt. or.....of } Age of Husband or Wife (if living).....Years

Address R.F.D. Sonora Box 477-A

Order given by "Hyde Track" (or informant)

How Secured .....

If Veteran, State War .....

Occupation ..... (Social Security Number)

Employer and Address .....

Date of Death 5/24/42 (Date) 4:P.M. (Hour)

Date of Birth 6/23/42

Age 20 M 20 (Years) (Months) (Days)

Date of Funeral 5/25/42 (Date) Mon (Day of Week) 3 P.M. (Hour)

Services at Graveside

Clergyman Father Keller (Address)

Religion of the Deceased .....

Birthplace Buendale

Resided in the State Life (or U.S. or City or County) (Years) (Months)

Place of Death Buendale

Cause of Death Respiratory Failure

Contributory Causes .....

.....

Certifying Physician Wm J Hewatt (or Coroner)

His Address Approved.

Name of Father Richard Hewatt

His Birthplace Toledo, Ohio

Maiden Name of Mother Leona Marie Washington

Her Birthplace .....

Motor Ship } Remains to .....

Size of Casket 7-0 Stellbare (State Color and Number)

Manufactured by S.B.C. Co.

Cemetery Crematory } Sonoma Catholic

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner .....

Complete Funeral (except outlays)	$ 15	00
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 1/2 = 7.50 3		
Taking Remains to		
Trip to Coroner's Inquest Jul. 22 5.00		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $ ..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $	3	—
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....		
....line Death Notices in.....Papers (Names of Newspapers)		
Sales Tax		23
Total Footing of Bill	$ 18	23
Less	$	
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Statement Mailed May 28 1942							
	To Above Balance	$	$	June 26 42	To Balance Forward	$ 5 00	$
	By Payment	$	$	July 17, 42	By Payment Paid in full	$ 13 23	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 25 1942

Name of Deceased Lucy Genevieve Roberts White
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Boyes Springs, Calif.
☐Husband ☐Wife ☐Widow } Clinton B. Roberts 37
or.....of } Age of Husband or Wife (if living).....Years

Charge to Clinton B. Roberts

Address P.O. Box 64 Boyes Springs Calif

Order given by.....
(or informant)

How Secured Ins. after return from east

If Veteran, State War None

Occupation Housewife None
(Social Security Number)

Employer and Address.....

Date of Death May 25-42 7:05 PM
(Date) (Hour)

Date of Birth Oct. 5, 1900

Age 41 (Years) 7 (Months) 20 (Days)

Date of Funeral May 28 (Date) Thurs. (Day of Week) 10a.M. (Hour)

Services at Catholic Church

Clergyman.....
(Address)

Religion of the Deceased Catholic

Birthplace Fairfax, Marin

Resided in the State 1 yr 4 months
(or U. S.) (or City or County) (Years) (Months)

Place of Death Boyes Springs Residence

Cause of Death Cardio-Respiratory failure

Contributory Causes Metastatic Circinoma
to lungs, skull, spine, pelvis, femur & skin
Carcinoma of R. Breast

Certifying Physician Dr. Carroll B. Andrews
(or Coroner)

His Address Sonoma, Calif.

Name of Father Wenzel Kries

His Birthplace Austria

Maiden Name of Mother Elizabeth Kastner

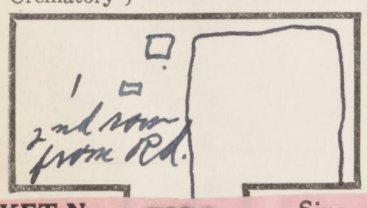
Her Birthplace Austria

Motor / Ship } Remains to.....

Size of Casket.....
(State Color and Number)

Manufactured by.....

Cemetery / Crematory } Sonoma Catholic



Lot No.....

Grave No.....

Section No.....

Block No.....

Complete Funeral (except outlays)	$	330 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 1/2		165.00
Taking Remains to Mt		15.00
Trip to Coroner's Inquest		18.00
Delivering Box to 1/3		
Deliver Flowers to Jay		5.40
Removal Charges		00
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 1 grave		10 —
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		12 50
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service: Mass		15 —
.....line Death Notices in..... Papers (Names of Newspapers)		
Sales Tax		5 40
Total Footing of Bill	$	387 90
Less	$	
Balance	$	

Entered into Ledger, page.....or below.

CASKET No. 5910 **Size** 6/3 **Date** 32042

COVERING Shade 975 Silver & Gold Cascade C. C. Co

DESCRIPTION Interior white over flesh with 1347 flesh drapes.

Date		Amount Paid	Balance
	To Balance Forward		$
July 15, 42	By Payment in full	$387 90	$
Pd. By Bank of America Sonoma Branch	" "		$
	" "		$
	" "		$
	" "		$
	" "		$

Statement May 30, 1942

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 25 1942

Name of Deceased Mary Medora Akers White

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence El Verano

Charge to Mrs. Edla F. Minkel ☐Husband ☐Wife ☐Widow or..... of

Address El Verano, Caly Age of Husband or Wife (if living)..... Years

Order given by (or informant)

How Secured

If Veteran, State War none

Occupation At Home none (Social Security Number)

Employer and Address

Date of Death May 25 (Date) 11:05 P.M. (Hour)

Date of Birth July 21, 1847

Age 94 (Years) 9 (Months) 28 (Days)

Date of Funeral May 28 (Date) Thurs (Day of Week) 2 P.M. (Hour)

Services at Methodist Church

Clergyman Rev. Ray Sonoma (Address)

Religion of the Deceased Prod

Birthplace Warren Maine

Resided in the State 74 years. (or U. S. or City or County) (Years) (Months)

Place of Death El Verano, Caly

Cause of Death Ac. Cardia Dilitation

Contributory Causes

Ac. Lobar Pneumonia

Certifying Physician Dr Finnerty E. J. (or Coroner)

His Address Sonoma, Caly

Name of Father ——— Doty

His Birthplace Maine

Maiden Name of Mother Mary Lineken

Her Birthplace ——— Maine

Motor / Ship } Remains to

Size of Casket 6/3 #27 Eng Steel (State Color and Number)

Manufactured by C. C. Co

Cemetery / Crematory } Mt. Cemetery Sonoma Caly

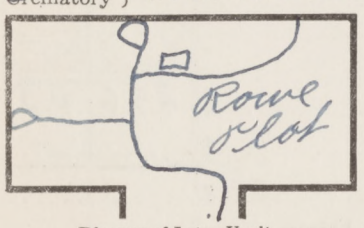


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	200 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 1/7 —		100.00
Taking Remains to Pet		15.00
Trip to Coroner's Inquest		115.00 3
Delivering Box to		
Deliver Flowers to Pet		3.45 00
Removal Charges		
Procuring Burial Permit (State Number and District)		4 —
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		30 —
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Ef		3 12
....line Death Notices in Posted Oak Tribune (Names of Newspapers)		2 58
		4 —
Dem. & Rep.		2 —
~~Posted~~		~~2 58~~
Sales Tax		3 75
Total Footing of Bill	$	267 33 264.75
Less	$	264.75
Balance	$	10 75
Entered into Ledger, page .....or below.		254 —

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Statement	May 31, 1942 To Above Balance		$		To Balance Forward		$
	By Payment	$	$ June 3, 42		By Payment In full	$ 254 —	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 31 1942

Name of Deceased William Dennison Rambo White

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 312 - 2nd St. West Sonoma ☐Husband ☐Wife ☐Widow of Blanche 58

Charge to Mrs. Blanche Rambo Age of Husband or Wife (if living) Years

Address 312 - 2nd St. West Sonoma

Order given by (or informant)

How Secured

If Veteran, State War none

Occupation Retired Blacksmith None (Social Security Number)

Employer and Address

Date of Death May 31, 1942 (Date) 5:15 AM (Hour)

Date of Birth April 17, 1873

Age 69 (Years) 1 (Months) 14 (Days)

Date of Funeral June 2 (Date) Tues (Day of Week) 2 P. M. (Hour)

Services at Chapel

Clergyman Rev. Ray Sonoma, Cal. (Address)

Religion of the Deceased

Birthplace Yolo Co. California

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death 312 - 2nd St. West Sonoma

Cause of Death ac. Cardiac Dilitation

Contributory Causes Coronary Occlusion Hypertention

Certifying Physician E. J. Finnerty M.D. (or Coroner)

His Address Sonoma Calif.

Name of Father Harrison Rambo

His Birthplace Unknown

Maiden Name of Mother Sarah Dennison

Her Birthplace Indiana

Motor / Ship } Remains to

Size of Casket 6/3 #27 steel Eng. (State Color and Number)

Manufactured by C. C. CO.

Cemetery / Crematory } Mt. Cemetery Sonoma, Calif.

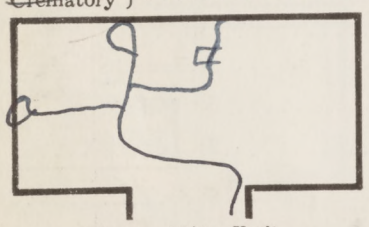

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 200	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... 1/2 @ $	100.00	
Getting Remains from ... Mt.	15.00	
Taking Remains to		
Trip to Coroner's Inquest	111,00 3	
Delivering Box to		
Deliver Flowers to ... Jul.	3.45 00	
Removal Charges		
Procuring Burial Permit (State Number and District)	1	—
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb	24	
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service (Themselves) (Our Way)		
... line Death Notices in Papers	2 5 8	
(Names of Newspapers)		
Sales Tax	3 45	
Total Footing of Bill	$ 246 03	
Less	$	
Balance	$	

Entered into Ledger, page ... or below.

Date		Amount Paid	Balance
	To Above Balance	$	$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Statement called for June 3, 42

Wm. D. Rambo

Date		Amount Paid	Balance
May 31, 42	To Balance Forward	$ 50 00	$
June 6 - 42	By Payment	$ 50 —	$
June 14 - 42	" "	$ 35 —	$
July 8 - 42	" "	$ 20 —	$
Aug 1, 42	" " In full	$ 91 —	$
	" "	$	$
	" "	$	$

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed

Witness ... Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry June 10 1942

Name of Deceased George Campbell White
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Near Sonoma
☐Husband ☐Wife ☐Widow } Elizabeth M. Campbell
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Maude E. Haugard

Address Rt. 1 Box 248 Sonoma Calif

Order given by ..... (or informant)

How Secured .....

If Veteran, State War None -

Occupation Retired Miner None (Social Security Number)

Employer and Address .....

Date of Death June 10, 1942 (Date) 10:45 a.m. (Hour)

Date of Birth April 10, 1850

Age 92 (Years) 2 (Months) (Days)

Date of Funeral June 12 (Date) Friday (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Sonoma Valley Grange (Address)

Religion of the Deceased .....

Birthplace Sydney Mines, Nova Scotia

Resided in the State 40 yrs. (or U. S. or City or County) (Years) (Months)

Place of Death Watmough Rest Wyatt Ave.

Cause of Death Caronary Occlusion

Contributory Causes Cardio-Hypertension heart disease, Gen. Arteriosclerosis

Certifying Physician Dr. Newman M.D. (or Coroner)

His Address Sonoma Calif.

Name of Father William Campbell

His Birthplace Ayrshire, Scotland

Maiden Name of Mother Elizabeth Rankin

Her Birthplace Ayrshire, Scotland

Motor / Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery / ~~Crematory~~ } Mt. Cemetery Sonoma, Cal.

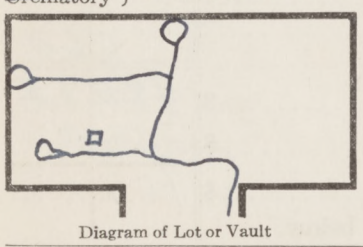

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$ 200	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ~~1/2~~ Rt 3	100.00	
Taking Remains to Rt 3	15.00	
Trip to Coroner's Inquest	115.00	
Delivering Box to Jr	3	
Deliver Flowers to Jr	3.45 00	
Removal Charges		
Procuring Burial Permit (State Number and District)	4	—
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Metal marker for wife	25	0
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	25	—
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced Mrs Gilbraith Grinstead	5	—
Out of town Undertaker's Charges		
Personal Service		
Mrs Eunice Peterson (Grange)		
....line Death Notices in Postal Papers	2	58
	4	03
(Names of Newspapers) Sun.	3	60
Sales Tax	3	45
Total Footing of Bill	$ 265	16
Less	$ 10	75
Balance	$ 254	41

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Mail at once 6/19/42	To Above Balance	$	$		To Balance Forward	$	$
	By Payment Statement	$ July 19, 42	$	Dec	By Payment	$ 254 41	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Family: call 8-A-M

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 11 1942

Name of Deceased Louie Odone White

☐ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

Residence Sonoma Calif. ☐Husband ☐Wife ☐Widow } Marie Odone

or..... .....of } Age of Husband or Wife (if living).....Years

Charge to Mrs. Mary Suter

Address Sonoma, Calif.

Order given by..... (or informant)

How Secured.....

If Veteran, State War None

Occupation Retired Laborer None (Social Security Number)

Employer and Address.....

Date of Death June 11, 1942 (Date) 8:30 P.M. (Hour)

Date of Birth Oct. 9. 1874

Age 77 (Years) 8 (Months) 2 (Days)

Date of Funeral June 13 1942 (Date) Sat (Day of Week) 2:30 P.M. (Hour)

Services at Chapel St. Francis

Clergyman..... Sonoma (Address)

Religion of the Deceased.....

Birthplace Italy

Resided in the State..... (or U. S. or City or County) 50. (Years) (Months)

Place of Death Spain St. Sonoma

Cause of Death Ac. Cardiac Dilitation

Contributory Causes Ac. Labar Pneumonia (Right)

.....

Certifying Physician E. J. Finnerty M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father Unknown Odone

His Birthplace Italy

Maiden Name of Mother Unknown

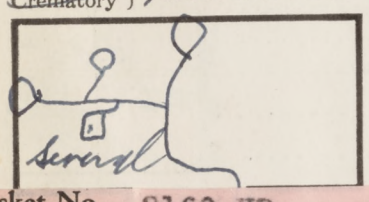
Her Birthplace Italy

Motor Ship } Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by.....

Cemetery Crematory } Mt. Cemetery Sonoma, Cal.



Lot No.....

Grave No.....

Section No.....

Block No.....

Complete Funeral (except outlays)	$	410	—
Casket			
Burial Vault or Box (State Kind)		15	—
Embalming Body (Name of Embalmer)			
Barber, $..... Hair Dressing, $.....			
Dressing Body, $ Shoes, tie Underwear, $ Shirt		4	64
Suit or Dress (State Kind and Color)			
Slippers, $..... Hose, $.....			
Folding Chairs, $..... Tarpaulin, $.....			
Candelabrum, $..... Candles, $.....			
Door Spray, $..... Gloves, $.....			
Funeral Car, $..... Ambulance, $.....			
Limousines to Cemetery ..... @ $			
Extra Limousines ..... @ $			
Autos to R. R. Station ..... @ $			
Getting Remains from 1/2 =		205	00
Taking Remains to Boyd		15	00
Trip to Coroner's Inquest Shirt		4	50
Delivering Box to		224	50
Deliver Flowers to		6	35
Removal Charges			
Procuring Burial Permit (State Number and District)		4	—
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)			
Pall Bearer Service, $..... Use of Chapel, $.....			
Gross Total for Sales Tax	$		
Outlay for Lot			
Cremation			
Flowers, $..... Palms, $..... Matting, $.....			
Rental of Tent, $..... of Temporary Vault, $.....			
Opening of Grave or Tomb		23	—
Lining Grave, $..... Lowering Device, $.....			
Outlay for Shipping Charges			
Clergyman, $..... Singers, $..... Organist, $.....			
Railroad or Motor } Tickets, $..... Aeroplane Service, $.....			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service Mass		15	—
.....line Death Notices in Petal Papers		2	58
(Names of Newspapers)			
		6	60
Sales Tax			
Total Footing of Bill	$	480	82
Less	$	21	25
Balance	$	459	57

Entered into Ledger, page.....or below.

Casket No. 2160 HP Order No.

Size 6/6 Date 4/15/42

Covering Circassian Walnut Finish Redwood

Description Scroll Panel & Pillow
Lined HOB Crepe Pillow Set.
B & BP to match
361 3x1 Bronze & Brass Handles

Date		Amount Paid	Balance
	To Balance Forward	$	$
June 15, 42	By Payment In full	459 57	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Pallbearers

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 11 1942

Name of Deceased Edward Walsworth Morris White

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Agua Caliente, Caly. ☐Husband ☐Wife ☐Widow } Esther F. Morris 47
or..... of } Age of Husband or Wife (if living)..... Years

Charge to Mrs. Esther F. Morris

Address Box 37. Agua Caliente Cal.

Order given by..... (or informant)

How Secured.....

If Veteran, State War none

Occupation Rancher. None (Social Security Number)

Employer and Address.....

Date of Death June 11, 1942 (Date) 1 P.M. (Hour)

Date of Birth May 31, 1877

Age 65 (Years) 10 (Months) (Days)

Date of Funeral June 13. Sat (Date) (Day of Week) 2:30 P.M. (Hour)

Services at 6 Chapel

Clergyman Rev. Barans Kenwood Cal (Address)

Religion of the Deceased.....

Birthplace Agua Caliente Caly.

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death AC. Cardiac Dilitation

Contributory Causes... Apoplexy

.....

Certifying Physician E. J. Finnerty M.D. (or Coroner)

His Address Sonoma, Caly.

Name of Father James Madrys

His Birthplace Patterson N.J.

Maiden Name of Mother Julie L. Finney

Her Birthplace Hawaiian Islands

Motor / Ship } Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by.....

Cemetery / Crematory } M.M. Cemetery Sonoma Cal

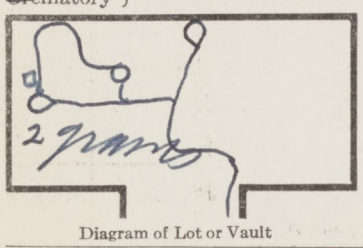

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays) $		
Casket to Fred Fretzche (undertaker)		41.30
Burial Vault or Box Box included		100 —
Embalming Body (State Kind) Service (Name of Embalmer) Service 85.00 Box 15.00		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress 1/2 of (State Kind and Color)		41.30
Slippers, $ ..... Hose, $ 1/2 of 85.		42.50
Folding Chairs, $ ..... Tarpaulin, $ Box		15.00
Candelabrum, $ ..... Candles, $		98.80
Door Spray, $ ..... Gloves, $		296.40
Funeral Car, $ ..... Ambulance, $ 1/2 of 141.30 = 70.65		3
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $ 11.30		
Getting Remains from 1/2 of 80.00 Service		
Taking Remains to.....		
Trip to Coroner's Inquest.....		
Delivering Box to.....		
Deliver Flowers to..... 2 Pieces Mistaken		— ?
Removal Charges.....		6 —
Procuring Burial Permit..... (State Number and District)		
___ Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot.....		
Cremation.....		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb.....		20 —
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges.....		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges.....		
Cash Advanced.....		
Out of town Undertaker's Charges.....		
Personal Service Man		5 —
Mrs Finneyfrock		5 —
....line Death Notices in Porter Papers		2 5 8
E.T. (Names of Newspapers)		6 20
Agua		1 50
Dem.		2 —
Sales Tax.....		2 26
Total Footing of Bill..... $		191 94
Less..... $		
Balance..... $		
Entered into Ledger, page.....or below.		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
6/16/42	To Above Balance Statement To Fred Fretzche	$	$	June 20, 42	To Balance Forward	$	$
	By Payment	$	$		By Payment in full	$ 191.94	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

94

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 13 1942

Name of Deceased Reginald Kirkpatrick - Howat - Blewitt White

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Patton St. Sonoma, Calif. ☐Husband ☐Wife ☐Widow of Agnes Blewitt 40

Charge to Mrs. Agnes Howat Blewitt Age of Husband or Wife (if living) Years

Address Patton St. Sonoma Calif

Order given by (or informant)

How Secured

If Veteran, State War none

Occupation Retired Farmer none (Social Security Number)

Employer and Address

Date of Death June 13, 1942 (Date) 1:17 P.M. (Hour)

Date of Birth unknown

Age About 72 years (Years) (Months) (Days)

Date of Funeral June 14 Sun. (Date) (Day of Week) 3 P.M. (Hour)

Services at Chapel

Clergyman Rev. Perry Sonoma (Address)

Religion of the Deceased

Birthplace Dumfries, Scotland

Resided in the State 30 (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Myocardial Failure

Contributory Causes Arteriosclerosis

Certifying Physician Dr. A. K. McGrath (or Coroner)

His Address Sonoma, Cal.

Name of Father Roger Howat Blewitt

His Birthplace Dumfries, Scotland

Maiden Name of Mother Rosemarie Blewitt

Her Birthplace Wales

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Mt. Cemetery Sonoma, Cal.

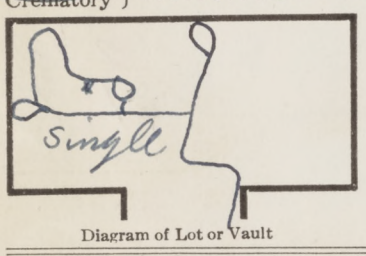

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	145 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from ½ = 72.50		
Taking Remains to Bay 15.00		
Trip to Coroner's Inquest 87.50 3		
Delivering Box to 26.25		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		1 —
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		25 —
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev. Bowen		5 —
Mrs Olmstead (Nicky)		
...line Death Notices in ... Papers (Names of Newspapers)		
Sales Tax		2 63
Total Footing of Bill	$	193 63
Less	$	8 —
Balance	$	185 63

Entered into Ledger, page ... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
June 17 42	By Payment	$	$		By Payment	$ 185 63	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed

Witness ... Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

P. 132

95

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 22 1942

Name of Deceased Helen Amanda Trudgen White

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 4th St E. Sonoma ☐Husband ☐Wife ☐Widow } William dead.

or..... .....of } Age of Husband or Wife (if living).....Years

Charge to Mrs. Isabelle Poole

Address 882 Main St. San Bernadino Calif

Order given by..... (or informant)

How Secured.....

If Veteran, State War.... none

Occupation.... At Home none (Social Security Number)

Employer and Address.....

Date of Death June 22, 1942 10:45 P.M. (Date) (Hour)

Date of Birth March 22 1860

Age 82 (Years) 3 (Months) (Days)

Date of Funeral June 25 (Date) Thurs. (Day of Week) 10:30 A.M. (Hour)

Services at Methodist Church

Clergyman Rev Ray Sonoma Calif (Address)

Religion of the Deceased Methodist

Birthplace Pennsylvania

Resided in the State 70 (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Dr E. J. Finnerty (or Coroner)

His Address Sonoma, Calif

Name of Father John Neil

His Birthplace Unknown

Maiden Name of Mother Rebecca Ann McClary

Her Birthplace Unknown

Motor Ship } Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by.....

Cemetery Crematory } V.M. Cemetery Sonoma Calif

Lot No.....

Grave No.....

Section No.....

Block No.....

Complete Funeral (except outlays)	$	380 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 1/2 = ...		190.00
Taking Remains to B.H.		15.00
Trip to Coroner's Inquest		205.00
Delivering Box to		6.150.0
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		1 —
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		25 00
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Organ music (only)		2 50
....fine Death Notices in Post Leaders (Names of Newspapers)		2 58
Sales Tax		6 30
Total Footing of Bill	$	432 38
Less	$	
Balance	$	
Entered into Ledger, page .....or below.		

6/3 Number 2600/538

on BAL. PL. HINGED CAP HALF-COV

COV. 375 SEAFOAM

G.G.C. Co.

INT. I618 IVORY OVER FLESH

I SET 358 - 3x0 BUTLER EXT.

Date		Amount Paid	Balance
June 30, 42	To Balance Forward		432 —
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

CLASS OF SERVICE DESIRED

DOMESTIC		CABLE	
TELEGRAM		ORDINARY	
DAY LETTER		URGENT RATE	
SERIAL		DEFERRED	
NIGHT LETTER		NIGHT LETTER	
SPECIAL SERVICE		SHIP RADIOGRAM	

Patrons should check class of service desired, otherwise the message will be transmitted as a telegram or ordinary cablegram.

WESTERN UNION

1214-C

CHECK

ACCOUNTING INFORMATION

TIME FILED

R. B. WHITE, PRESIDENT — NEWCOMB CARLTON, CHAIRMAN OF THE BOARD — J. C. WILLEVER, FIRST VICE-PRESIDENT

Send the following message, subject to the terms on back hereof, which are hereby agreed to

NIGHT LETTER

To Dr F. O. Butler

PASADENA JUNE 28 1942 19

Street and No.

Place

AUTOPSY GRANTEED FRANCIS MOORE ARRANGE CATHOLIC MASS AND BURIAL THERE IN PERPETUAL CARE WITH THE PRIEST TOTAL COST NOT TO EXCEED $175.00 WILL SEND CHECK UPON RECEIPT OF ITEMIZED BILL TO OUR FIRM FAMILY UNABLE TO COME

WENDELL P. CABOT & SON MORTUARY

RECD. 10:00 A.M. 6/29/42

H/ Call

Sender's address for reference

TELEGRAPH BIRTHDAY GREETINGS—25c TO ANY WESTERN UNION POINT IN U. S.

Sender's telephone number

....19.42

.....Years

110 —

15 —

1 39

4 —

2.50

5.25 3

7.25 75

Birthplace .....

Resided in the State ..... 30 (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma, State Sonoma

Cause of Death Terminal Pneumonia

Contributory Causes Chronic Epilepsy

.....

Certifying Physician H. H. Fredericksen M.D. (or Coroner)

His Address Eldridge, Cal.

Name of Father James Moore

His Birthplace Belfast Ireland

Maiden Name of Mother Margaret Curtin

Her Birthplace Ireland

Motor Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery Crematory } Catholic Cem. Sonoma

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Located between Giacopazzi + Massimino

GIACOPAZZI

MASSIMINO GRAVE

SCARAFONI → VAULT

FRONT GATE

Removal Charges .....

Procuring Burial Permit ..... (State Number and District)

Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)

Pall Bearer Service, $ .... Use of Chapel, $ .....

Gross Total for Sales Tax ..... $

Outlay for Lot ..... 1 grave ..... 10 —

Cremation .....

Flowers, $ ..... Palms, $ ..... Matting, $ .....

Rental of Tent, $ .... of Temporary Vault, $ .....

Opening of Grave or Tomb 12 50

Lining Grave, $ ..... Lowering Device, $ .....

Outlay for Shipping Charges .....

Clergyman, $ ..... Singers, $ .... Organist, $ .....

Railroad or Motor } Tickets, $ ..... Aeroplane } Service, $ .....

Telegr., Phone, Cable or Radio Charges .....

Cash Advanced .....

Out of town Undertaker's Charges .....

Personal Service ..... Mass ..... 15 —

.....

.... line Death Notices in ..... Papers .....

(Names of Newspapers)

.....

Sales Tax 1 92

Total Footing of Bill ..... $ 169 81

Less ..... $

Balance ..... $

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
	To Above Balance		
7/1/42 statement	By Payment	$	$
July 1	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward	$	$
In full	By Payment	$	$ 169 81
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry July 3 1942

Name of Deceased Alfred Benjamin Lescure White

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Sonoma Caly ☐Husband ☐Wife ☐Widow } Marie Lescure 51

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs Marie Lescure

Address Sonoma, Caly

Order given by ..... (or informant)

How Secured .....

If Veteran, State War none

Occupation Butcher none (Social Security Number)

Employer and Address .....

Date of Death July 3 1887 (Date) 7:50 a.m. (Hour)

Date of Birth March 7 1887

Age 55 (Years) 3 (Months) 26 (Days)

Date of Funeral Removal (Date) (Day of Week) M. (Hour)

Services at J. C. Reimers Mortuary

Clergyman Livermore Caly (Address)

Religion of the Deceased .....

Birthplace France

Resided in the State 37 years (or U. S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death A.C. Cardiac Dilitation

Contributory Causes Coronary Occlusion

Chr. Endocarditis

Certifying Physician E. J. Finnerty MD (or Coroner)

His Address Sonoma, Caly

Name of Father Unknown Lescure

His Birthplace France

Maiden Name of Mother Unknown

Her Birthplace France

Motor / Ship } Remains to J. C. Reimers Livermore, Cal.

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery / Crematory } J. C. Reimers Co. Livermore

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	310 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ½ = 155.00 / 3		
Taking Remains to		
Trip to Coroner's Inquest Jay 4,6,5,0,6		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.... line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		4 65
Total Footing of Bill	$	314 65
Less	$	15 50
Balance	$	299 15

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$	July 31, 42	To Balance Forward		$ 299 15
	By Payment	$	$ as of Aug 1, 42		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

THERE IS A SPECIAL LOW-RATE WESTERN UNION SERVICE FOR EVERY SOCIAL NEED

Telegrams of the categories listed at the right, to any Western Union destination in the United States

TELEGRAMS OF PRESCRIBED FIXED TEXT	25¢
TELEGRAMS OF SENDER'S OWN COMPOSITION (First 15 words)	35¢

GREETINGS AT
Christmas, New Year, Easter, Valentine's Day, Mother's Day, Father's Day, Jewish New Year, Thanksgiving

CONGRATULATIONS ON
Anniversaries, Weddings, Birthdays, Commencement, Birth of a Child

MISCELLANEOUS
Bon Voyage telegrams, "Pep" telegrams, Ship-to-Shore telegrams (No 35¢ rate), "Thank You" telegrams

HOTEL or TRANSPORTATION RESERVATIONS / TOURIST TELEGRAMS, for TRAVELERS (First 15 words) — 35¢

ASK ANY WESTERN UNION OFFICE OR AGENCY FOR FULL INFORMATION

DOMESTIC SERVICES

TELEGRAMS
A full-rate expedited service.

DAY LETTERS
A deferred service at lower than the standard telegram rates.

SERIALS
Messages sent in sections during the same day.

NIGHT LETTERS
Accepted up to 2 A.M. for delivery not earlier than the following morning at rates substantially lower than the standard telegram or day letter rates.

SHIP RADIOGRAMS
A service to ships at sea, in all parts of the world. Plain language or code language may be used.

ORDINARIES
The standard service, at full rates. Code messages, consisting of 5-letter groups only, at a lower rate.

DEFERREDS
Plain-language messages, subject to being deferred in favor of full-rate messages.

NIGHT LETTERS
Overnight plain-language messages.

URGENTS
Messages taking precedence over all other messages except government messages.

CLASSES OF SERVICE

1-38

1. The company shall not be liable for damages for mistakes or delays in the transmission or delivery, or for the non-delivery, of any message, whether caused by the negligence of its servants or otherwise, beyond the sum of five thousand dollars, at which amount each message is deemed to be valued, unless a greater value is stated in writing by the sender thereof at the time the message is tendered for transmission, and unless the repeated-message rate is paid or agreed to be paid, and an additional charge equal to one-tenth of one percent of the amount by which such valuation shall exceed five thousand dollars.
2. In any event the company shall not be liable for damages for mistakes or delays in the transmission or delivery, or for the non-delivery, of any message received for transmission at the rate beyond the sum of two hundred dollars; nor for mistakes or delays in the transmission or delivery, or for non-delivery, of any message received for transmission at the repeated-message rate beyond fifty times the sum paid for the transmission of the message.
3. The company will not be liable for damages for mistakes or delays in the transmission or delivery, or for the non-delivery, of any message, whether caused by negligence or otherwise, unless such message is repeated for transmission at a time limit of not less than one hour after the first transmission of the message, and unless the sender thereof shall pay or agree to pay the additional cost of such repeated transmission.
4. The company is not liable for damages for mistakes or delays in the transmission or delivery, or for the non-delivery, of any message received for transmission at the repeated-message rate beyond the sum paid for the transmission of the message.
5. The company will not be liable for damages for mistakes or delays in the transmission or delivery, or for the non-delivery, of any message received for transmission at the repeated-message rate beyond the sum of five thousand dollars, unless specially valued; nor in any case for delays arising from unavoidable interruption in the working of its lines; nor for errors in cipher or obscure messages.

THE WESTERN UNION TELEGRAPH COMPANY
INCORPORATED
R. B. WHITE, PRESIDENT

CABLE SERVICES

SERIAL		DEFERRED	
NIGHT LETTER		NIGHT LETTER	
SPECIAL SERVICE		SHIP RADIOGRAM	

Patrons should check class of service desired, otherwise the message will be transmitted as a telegram or ordinary cablegram.

UNION

R. B. WHITE, PRESIDENT
NEWCOMB CARLTON, CHAIRMAN OF THE BOARD
J. C. WILLEVER, FIRST VICE-PRESIDENT

ACCOUNTING INFORMATION

TIME FILED

Send the following message, subject to the terms on back hereof, which are hereby agreed to

Pasadena 6-29 1942 19

To Dr. F. O. Butler

Street and No.

Place Eldridge, California

Arrangements satisfactory Have clothing provided if necessary within specified sum

Wendell P Cabot & Son
27 Chestnut St., Pasadena, Calif.

Received 10:25 A.M. 6/30/1942
By P.W.

Sender's address for reference

TELEGRAPH BIRTHDAY GREETINGS—25c TO ANY WESTERN UNION POINT IN U. S.

Sender's telephone number

.....19.42

.....

.....

.....Years

Birthplace ....
Resided in the State .... 30 (or U. S. or City or County) (Years) (Months)
Place of Death .... Sonoma, State Home
Cause of Death .... Terminal Pneumonia
Contributory Causes .... Chronic Epilepsy
....
Certifying Physician .... H. Fredericksen M.D. (or Coroner)
His Address .... Eldridge, Cal.
Name of Father .... James Moore
His Birthplace .... Belfast Ireland
Maiden Name of Mother .... Margaret Curtin
Her Birthplace .... Ireland
Motor Ship } Remains to ....
Size of Casket .... (State Color and Number)
Manufactured by ....
Cemetery Crematory } Catholic Cem. Sonoma.

Diagram of Lot or Vault

Lot No. ....
Grave No. ....
Section No. ....
Block No. ....
Owner ....

Removal Charges		
Procuring Burial Permit .... Sonoma (State Number and District)		
Certif. Copies of Death Certificates No. .... (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot .... 1 grave		10 —
Cremation		
Flowers, $ .... Palms, $ .... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		12 50
Lining Grave, $ .... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ .... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ .... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service .... Mass		15 —
.... line Death Notices in .... Papers (Names of Newspapers)		
Sales Tax		1 92
Total Footing of Bill	$	169 81
Less	$	
Balance	$	
Entered into Ledger, page .... or below.		

Located between Giacopazzi + Massimino

GIACOPAZZI
MASSIMINO GRAVE
SCARAFONI → VAULT
FRONT GATE

Date		Amount Paid	Balance
7/1/42 statement July 1	To Above Balance		
	By Payment	$	$
	To Balance Forward		$
	By Payment In full	$	$ 169 81
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ .... Names of Lodges .... Insurance Companies ....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .... days from date. Interest to accrue from maturity at the rate of .... % per annum.

Signed ....

Witness .... Address ....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

97

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 3 1942

Name of Deceased Alfred Benjamin Lescure White

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Sonoma, Caly ☐Husband ☐Wife ☐Widow } Marie Lescure 51

or..... of } Age of Husband or Wife (if living)..... Years

Charge to Mrs. Marie Lesdure

Address Sonoma, Caly

Order given by.....
(or informant)

How Secured.....

If Veteran, State War none

Occupation Butcher none
(Social Security Number)

Employer and Address.....

Date of Death July 3, 1887 7:50 a.m.
(Date) (Hour)

Date of Birth March 7, 1887

Age 55 (Years) 3 (Months) 26 (Days)

Date of Funeral Removal M.
(Date) (Day of Week) (Hour)

Services at J. C. Reimers Mortuary

Clergyman Livermore, Caly
(Address)

Religion of the Deceased.....

Birthplace France

Resided in the State 37 years.
(or U. S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death A.C. Cardiac Dilitation

Contributory Causes Coronary Occlusion

Chr. Endocarditis

Certifying Physician Ed. J. Finnerty M.D.
(or Coroner)

His Address Sonoma, Caly

Name of Father Unknown Lescure

His Birthplace France

Maiden Name of Mother Unknown

Her Birthplace France

Motor / Ship } Remains to J. C. Reimers Livermore, Cal

Size of Casket.....
(State Color and Number)

Manufactured by.....

Cemetery / Crematory } J. C. Reimers Co. Livermore

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 310	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ½ = 155.00 / 3		
Taking Remains to		
Trip to Coroner's Inquest Jay 4.50		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $ ..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax	4	65
Total Footing of Bill	$ 314	65
Less	$ 15	50
Balance	$ 299	15

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$	July 31, 42	To Balance Forward		$ 299 15
	By Payment	$	$	As of July 1, 42	By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

ASK ANY WESTERN UNION OFFICE OR AGENCY FOR FULL INFORMATION

HOTEL or TRANSPORTATION RESERVATIONS
TOURIST TELEGRAMS, for TRAVELERS (First 15 words) — — — 35¢

Don Voyage telegrams "Pep" telegrams
Kiddiegrams (No 35¢ rate) "Thank You" telegrams

MISCELLANEOUS
Anniversaries Weddings
Births Commencement
Birth of a Child

CONGRATULATIONS ON
Valentine's Day Mother's Day Thanksgiving
Jewish New Year

GREETINGS AT
Christmas New Year Easter

TELEGRAMS OF SENDER'S OWN COMPOSITION (First 15 words) — — 35¢
TELEGRAMS OF PRESCRIBED FIXED TEXT — — — — 25¢

Telegrams of the categories listed at the right, to any Western Union destination in the United States

THERE IS A SPECIAL LOW-RATE WESTERN UNION SERVICE FOR EVERY SOCIAL NEED

TELEGRAMS
A full-rate expedited service.

DAY LETTERS
A deferred service at lower than the standard telegram rates.

SERIALS
Messages sent in sections during the same day.

NIGHT LETTERS
Accepted up to 2 A.M. for delivery not earlier than the following morning at rates substantially lower than the standard telegram or day letter rates.

SHIP RADIOGRAMS
A service to ships at sea, in all parts of the world. Plain language or code language may be used.

DOMESTIC SERVICES

CLASSES OF SERVICE

ORDINARIES
The standard service, at full rates. Code messages, consisting of 5-letter groups only, at a lower rate.

DEFERREDS
Plain-language messages, subject to being deferred in favor of full-rate messages.

NIGHT LETTERS
Overnight plain-language messages.

URGENTS
Messages taking precedence over all other messages except Government messages.

THE WESTERN UNION TELEGRAPH COMPANY
INCORPORATED
R. B. WHITE, PRESIDENT

CABLE SERVICES

Total No..... Yearly No..... Date of Entry June 28 1942

Name of Deceased James Francis Moore W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Pasadena Calif. ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Wendell P. Cabot & Son P. Director

Address 27 Chestnut St. Pasadena Calif

Order given by " " (or informant)

How Secured not to exceed $175.00 Cash on statement

If Veteran, State War

Occupation none none

(Social Security Number)

Employer and Address none

Date of Death 6/28/42 (Date) 11:20 A.M. (Hour)

Date of Birth Jan 2, 1907

Age 35 (Years) 5 (Months) 12 (Days)

Date of Funeral 7/1/42 (Date) Wed. (Day of Week) 8:9 (Hour) P.M.

Services at St. Francis Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Lynn, Mass.

Resided in the State 30 (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma, State Home

Cause of Death Terminal Pneumonia

Contributory Causes Chronic Epilepsy

Certifying Physician Dr. Fredericksen M.D. (or Coroner)

His Address Eldridge, Cal.

Name of Father James Moore

His Birthplace Belfast Ireland

Maiden Name of Mother Margaret Curtin

Her Birthplace Ireland

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Catholic Cem. Sonoma

Complete Funeral (except outlays)	$ 120 —
Casket	
Burial Vault or Box (State Kind)	15 —
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ Box Underwear, $ Tax	1 39
Suit or Dress (State Kind and Color)	4
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $ 1/2 =	55 00
Funeral Car, $ ..... Ambulance, $ 1/2 =	15 00
Limousines to Cemetery ..... @ $ Box	5 25
Extra Limousines ..... @ $ Interest	75 25 3
Autos to R. R. Station ..... @ $	2 25 75
Getting Remains from ..... 110 00 1/2 =	55 00
Taking Remains to ..... 110 00 1/2 =	15 00
Trip to Coroner's Inquest	10 00
Delivering Box to ..... Box	10 00
Deliver Flowers to	2 40
Removal Charges	
Procuring Burial Permit ..... Sonoma (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot 1 Grave	10 —
Cremation	
Flowers, $ ..... Palms, $ .... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	12 50
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service Mass	15 —
....line Death Notices in ..... Papers (Names of Newspapers)	
Sales Tax	1 92
Total Footing of Bill	$ 169 81
Less	$
Balance	$

Entered into Ledger, page .....or below.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Located between Giacopazzi + Massimino

GIACOPAZZI
++
MASSIMINO GRAVE
SCAROFONI → VAULT
FRONT GATE

Date		Amount Paid	Balance
	To Above Balance		
7/1/42	By Payment statement		
July 7	By Payment In full	$	$ 169 81
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward	$	$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 3 1942

Name of Deceased Alfred Benjamin Lescure White
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Sonoma, Calif ☐Husband ☐Wife ☐Widow } Marie Lescure 51
or.....of } Age of Husband or Wife (if living).....Years

Charge to Mrs. Marie Lescure

Address Sonoma, Calif

Order given by..... (or informant)

How Secured.....

If Veteran, State War none

Occupation Butcher none (Social Security Number)

Employer and Address.....

Date of Death July 3 1887 7:50 a.m. (Date) (Hour)

Date of Birth March 7 1887

Age 55 (Years) 3 (Months) 26 (Days)

Date of Funeral Removal (Date) (Day of Week) M. (Hour)

Services at J. C. Reimers Mortuary

Clergyman Livermore, Calif (Address)

Religion of the Deceased.....

Birthplace France

Resided in the State 37 years. (or U. S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death A.C. Cardiac Dilitation

Contributory Causes Coronary Occlusion
Chr. Endocarditis

Certifying Physician Ed. J. Finnerty MD (or Coroner)

His Address Sonoma, Calif

Name of Father Unknown Lescure

His Birthplace France

Maiden Name of Mother Unknown

Her Birthplace France

Motor Ship } Remains to J. C. Reimers Livermore Cal

Size of Casket..... (State Color and Number)

Manufactured by.....

Cemetery Crematory } J. C. Reimers Co. Livermore

Diagram of Lot or Vault

Lot No.....
Grave No.....
Section No.....
Block No.....
Owner.....

Complete Funeral (except outlays)	$ 310	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... 1/2 @ $		
Getting Remains from ... = ... 155.00 / 3		
Taking Remains to ...		
Trip to Coroner's Inquest Jaf ... 4 6 50		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
... line Death Notices in ... Papers (Names of Newspapers)		
Sales Tax	4	65
Total Footing of Bill	$ 314	65
Less	$ 15	50
Balance	$ 299	15

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$	July 31, 42	To Balance Forward	$	$ 299 15
	By Payment	$	$ as of July 1, 42		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

98

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 8 1942

Name of Deceased Mary Katherine Bailey White
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Kenwood ☐Husband ☐Wife ☐Widow of Jam George Henry Bailey
Age of Husband or Wife (if living)..... Years

Charge to Mrs. George E. Francard

Address Kenwood

Order given by..... (or informant)

How Secured.....

If Veteran, State War None

Occupation Music Teacher None (Social Security Number)

Employer and Address.....

Date of Death July 8, 1942 (Date) 3:25 P.M. (Hour)

Date of Birth May 15, 1882

Age 60 (Years) 1 (Months) 23 (Days)

Date of Funeral July 10. (Date) Friday (Day of Week) 10 A.M. (Hour)

Services at St. Francis

Clergyman..... (Address)

Religion of the Deceased.....

Birthplace San Francisco Calif.

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death St. Helena Sanitarium

Cause of Death Carcinoma of Colon

Contributory Causes.....

.....

Certifying Physician Edward Hoehn M.D. (or Coroner)

His Address Sanitarium St. Helena Calif

Name of Father James Jewell Kearns

His Birthplace Albany N. Y.

Maiden Name of Mother Anna Flynn

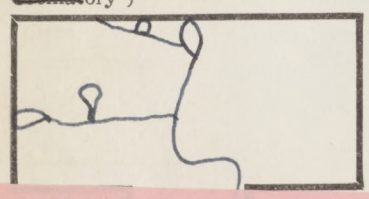
Her Birthplace Albany N. Y.

Motor / Ship } Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by.....

Cemetery / Crematory } Mt. Cemetery Sonoma Calif.



Lot No.....

Grave No.....

Section No.....

Block No.....

Complete Funeral (except outlays)	$	330 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ½ — 165.00		
Taking Remains to ~~Mt.~~ 85.00		
Trip to Coroner's Inquest 180.00		
Delivering Box to 54000		
Deliver Flowers to Permit		10 —
Removal Charges		
Procuring Burial Permit St Helena (State Number and District)		1 —
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		32 —
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service maso		15 —
.....line Death Notices in Post		2 50
Democrat (Names of Newspapers)		2 —
Examiner		5 40
Sales Tax		5 40
Total Footing of Bill	$	418 08
Less	$	17 25
Balance	$	400 83

Entered into Ledger, page.....or below.

No. 5910 Size 6/3 Date 32042

NG Shade 975 Silver & Gold Cascade
Cal. C. Co.

TION Interior white over flesh with
547 flesh drapes.

Balance	Date		Amount Paid	Balance
	July 10, 42	To Balance Forward		$
		By Payment	$ 400 83	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Family

99

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 12 1942

Name of Deceased Octavia Copeland White

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Broadway at Smith St. Sonoma ☐Husband ☐Wife ☐Widow or..... of } Age of Husband or Wife (if living).....Years

Charge to Mrs. George

Address.....

Order given by..... (or informant)

How Secured.....

If Veteran, State War None

Occupation Retired Dress Maker None (Social Security Number)

Employer and Address.....

Date of Death July 12, 1942 (Date) 4 P.M. (Hour)

Date of Birth Aug. 27, 1859

Age 82 (Years) 10 (Months) 15 (Days)

Date of Funeral July 14 (Date) Tues. (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev. Perry Sonoma (Address)

Religion of the Deceased.....

Birthplace Sonoma, Calif.

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Acute Cardiac Dilitation

Contributory Causes Amyotrophic Lateral Sclerosis

Certifying Physician E. J. Finneby M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father William Copeland

His Birthplace Tennessee

Maiden Name of Mother Catharine Bright

Her Birthplace Missouri

Motor Ship } Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by.....

Cemetery Crematory } Mt. Cemetery Sonoma Cal.

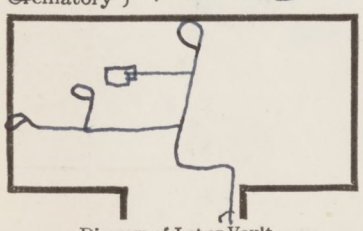


Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	285 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ½		142.50
Taking Remains to		15.00
Trip to Coroner's Inquest		157.50
Delivering Box to		3
Deliver Flowers to		4.72.50
Removal Charges		
Procuring Burial Permit (State Number and District)		4 —
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		30 — 00
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev. Perry		5 —
line Death Notices in Post Papers		2 58
(Names of Newspapers)		
		4 73
Sales Tax		
Total Footing of Bill	$	346 31
Less	$	21 31
Balance	$	325 — 00

Entered into Ledger, page..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$ July 10, 42		By Payment Paid July	$ 325 —	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No.......... Yearly No.......... Date of Entry July 12 1942

Name of Deceased Sadia Florence Robin — White (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Broadway At France Sonoma ☐Husband☐Wife☐Widow or ......of Paul E. Robin 67 Age of Husband or Wife (if living) Years

Charge to Paul E. Robin

Address Sonoma, Calif.

Order given by (or informant) Eugene F. Robin

How Secured 1034 - Nielsen St. Albany Calif.

If Veteran, State War none

Occupation Housewife — none (Social Security Number)

Employer and Address

Date of Death July 12, 1942 (Date) 11:10 AM (Hour)

Date of Birth November 16, 1885

Age 56 (Years) 7 (Months) 26 (Days)

Date of Funeral July 15 (Date) Wed (Day of Week) 10 A.M. (Hour)

Services at ~~Chapel~~ - Home

Clergyman Rev. Edward John Mohr (Santa Rosa) (Address)

Religion of the Deceased Episcopal

Birthplace Sonoma, Calif.

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death

Contributory Causes

Certifying Physician (or Coroner) A. K. McGrath MD

His Address Sonoma, Calif.

Name of Father George W. Estes

His Birthplace New York

Maiden Name of Mother Mary E. Hennessee

Her Birthplace Boston, Mass.

Motor / Ship } Remains to

Size of Casket (State Color and Number) Metal sealer

Manufactured by A. F. C. C. Co.

Cemetery / ~~Crematory~~ } Mt. Cemetery Sonoma, Calif.

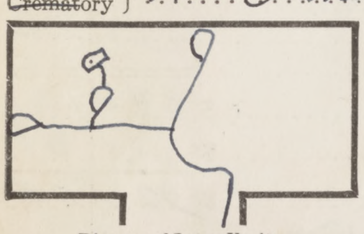


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Item	$	
Complete Funeral (except outlays)	583	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $.... Hair Dressing, $....		
Dressing Body, $.... Underwear, $....		
Suit or Dress (State Kind and Color)		
Slippers, $.... Hose, $....		
Folding Chairs, $.... Tarpaulin, $....		
Candelabrum, $.... Candles, $....		
Door Spray, $.... Gloves, $....		
Funeral Car, $.... Ambulance, $....		
Limousines to Cemetery ....@ $		
Extra Limousines ....@ $		
Autos to R. R. Station ....@ $		
Getting Remains from ... ½ - 291.50		
Taking Remains to ... 15.00		
Trip to Coroner's Inquest ... 306.50 / 3		
Delivering Box to		
Deliver Flowers to ... 9,19 50		
Removal Charges		
Procuring Burial Permit (State Number and District)	1	—
___Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $....		
Gross Total for Sales Tax		
Outlay for Lot		
Cremation		
Flowers, $.... Palms, $.... Matting, $....		
Rental of Tent, $.... of Temporary Vault, $....		
Opening of Grave or Tomb	30	—
Lining Grave, $.... Lowering Device, $....		
Outlay for Shipping Charges		
Clergyman, $.... Singers, $.... Organist, $....		
Railroad or Motor } Tickets, $.... Aeroplane Service, $....		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Minister	5	—
....line Death Notices in none Papers (Names of Newspapers)		
Sales Tax	9	20
Total Footing of Bill	643	20
Less		
Balance		

Entered into Ledger, page......or below.

Statement July 27 42

Date		Amount Paid	Balance
	To Above Balance		~~320~~ —
Balance to date Nov. 6, 43	By Payment		320.20
Dec. 4, 43	" "	10 —	
Jan 8, 44	" "	10 —	
Feb. 1, 44	" "	10	
May 11, 44	" "	40.62	
Feb. 21, 44	Filed claim A.R.C.		
July 5 44	" "	50 —	
Aug 17 44		50 —	
Nov. 22, 44		50 —	
Jan. 17, 45	In full	99.38	

Date		Amount Paid	Balance
~~Feb 1 41~~	To Balance Forward	~~10~~	
Sept 1, 42	By Payment	143 —	
Oct 2, 42	" "	25 —	
Nov. 2, 42	" "	25 —	
Dec 2 42	" "	10	
Jan 5 43	" "	15	
Feb. 3, 43	" "	10	
Mar 1, 43	" "	15	
April 3, 43		10 —	
May 1-43		10 —	
[illegible]		10 —	370.20 bal
June 4-43			
July 2-43		10.20	
Aug 5-43		10 —	
Sept [illegible] 43		10 —	
Oct. 4, 43		10 —	
Nov. 5 43		10	→ 320.20

Insurance $.......... Names of Lodges.......... Insurance Companies..........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.......... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.......... days from date. Interest to accrue from maturity at the rate of..........% per annum.

Signed..........

Witness.......... Address..........

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry July 19 19 42

Name of Deceased Erna Amelia Burmester White

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Dive St. El Verano, Caly ☐Husband ☐Wife ☐Widow } Henry D. Burmester 63

Charge to Henry D. Burmester or ..... of } Age of Husband or Wife (if living) ..... Years

Address R.F.D. Box 146 Sonoma, Caly

Order given by ..... (or informant)

How Secured .....

If Veteran, State War ..... none .....

Occupation Housewife — none (Social Security Number)

Employer and Address .....

Date of Death July 19 1942 8 P.M. (Date) (Hour)

Date of Birth Feb 29 1880

Age 62 (Years) 4 (Months) 20 (Days)

Date of Funeral July 22 - Wed - 2 P.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev E.W. Perry Sonoma (Address)

Religion of the Deceased .....

Birthplace San Francisco, Caly

Resided in the State Lose (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Myocardial failure

Contributory Causes .....

Carcinoma of heart

Certifying Physician A. K. McGrath MD (or Coroner)

His Address Sonoma, Caly

Name of Father Carl Hesse

His Birthplace Germany

Maiden Name of Mother Ida Zimmerman

Her Birthplace Germany

Motor / Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

~~Cemetery~~ / Crematory } C. of Chimes, Santa Rosa

Complete Funeral (except outlays)	$	235 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $: : : : : Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ½ = 117.50 / 3		
Taking Remains to		
Trip to Coroner's Inquest		3.52.50
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45 —
Flowers, $ ..... Palms, $: : : : Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev. Perry		5 —
....line Death Notices in Press Democrat		2.58
Examiner (Names of Newspapers)		3.72
Sales Tax		3.53
Total Footing of Bill	$	294.83
Less	$	11.75
Balance	$	283.08

Entered into Ledger, page ..... or below.

No. 40 Size 6/3 Date 32042

NG Shade 23 Silver Doeskin

C. C. Co

PTION No small corners. 1345 white uffing.

1345 Special white pillow set, squar shirred pillow.

Balance	Date		Amount Paid	Balance
		To Balance Forward	$	$
By Payment $ $	July 29 42	By Payment	$	$ 283 —
" " $ $		" "	$	$
" " $ $		" "	$	$
" " $ $		" "	$	$
" " $ $		" "	$	$
" " $ $		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

102

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 28 1942

Name of Deceased Otto Rehaag White

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Near Burndale Hospital ☐Husband ☐Wife ☐Widow or.....of Bertha about 70

Age of Husband or Wife (if living)..... Years

Charge to.....

Address.....

Order given by..... (or informant)

How Secured.....

If Veteran, State War Unknown

Occupation Ranch Laborer Unknown (Social Security Number)

Employer and Address.....

Date of Death Probably July 21, 1942 (Date) (Hour)

Date of Birth Sept 16, 1868

Age 73 (Years) 10 (Months) 5 (Days)

Date of Funeral July 29 Wed 9 A. M. (Date) (Day of Week) (Hour)

Services at Catholic Church

Clergyman..... (Address)

Religion of the Deceased Catholic

Birthplace Germany

Resided in the State..... 4 8 (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Pulmonary Hemmorhage

Contributory Causes.....

.....

Certifying Physician E. J. Finnerty M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father Unknown

His Birthplace Unknown

Maiden Name of Mother Unknown

Her Birthplace Unknown

Motor Ship } Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by.....

Cemetery Crematory } Catholic Cemetery Sonoma

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Diagram of Lot or Vault

Complete Funeral (except outlays) Including Grave	$	125 —
Casket Cmetery & mass		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $.....Hair Dressing, $		
Dressing Body, $.....Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $.....Hose, $		
Folding Chairs, $.....Tarpaulin, $		
Candelabrum, $.....Candles, $		
Door Spray, $.....Gloves, $		
Funeral Car, $.....Ambulance, $		
Limousines to Cemetery.....@ $		
Extra Limousines.....@ $		
Autos to R. R. Station.....@ $		
Getting Remains from Grave 10.00		
Taking Remains to Mass		
Trip to Coroner's Inquest 57.50		
Delivering Box to 3		
Deliver Flowers to 17.50		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $.....Palms, $.....Matting, $		
Rental of Tent, $....of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $.....Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $.....Singers, $....Organist, $		
Railroad or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....line Death Notices in.....Papers (Names of Newspapers)		
Sales Tax		1 73
Total Footing of Bill	$	126 73
Less	$	
Balance	$	

Entered into Ledger, page.....or below.

Mrs Rehaags Loan

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Phone	To Above Balance Santa Monica	$ 1125			To Balance Forward	$	$
	By Payment	$	$		By Payment 1 Jay	$	$
1911 -	Montana Ave.			Mar 1 -	On acct Hermann Sons	$ 50 00	
	" " Santa Monica	$	$		" Flag	$	$
	" "	$	$		Bear Tube	$ 75	$
Letter	" "	$	$	12	Post Tube #293	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

103

Total No..... Yearly No..... Date of Entry Aug. 4 1942

Name of Deceased Frank Coates (also known as) Francis W. Coates white
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Napa State Hospital ☐Husband ☐Wife ☒Widow } Myrtle Coates
or..... of } Age of Husband or Wife (if living).....Years

Charge to Stanley K. Coates

Address Sonoma, Cal.

Order given by..... (or informant)

How Secured.....

If Veteran, State War none

Occupation Laborer - retired - none (Social Security Number)

Employer and Address.....

Date of Death Aug. 4 - 1942 (Date) 6.55 A.M. (Hour)

Date of Birth Dec. 10 1877

Age 64 (Years) 7 (Months) 24 (Days)

Date of Funeral 8-6-42 (Date) Thurs. (Day of Week) 10 A.M. (Hour)

Services at Chapel

Clergyman Rev. Edward Perry (Address)

Religion of the Deceased Prot.

Birthplace Santa Rosa, Calif.

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Napa State Hospital

Cause of Death Chronic Myocarditis

Contributory Causes Alcoholic psychosis

.....

Certifying Physician C. Caulkins (or Coroner)

His Address Napa State Hospital

Name of Father William Francis Coates

His Birthplace England

Maiden Name of Mother unknown

Her Birthplace unknown

Motor Ship } Remains to.....

Size of Casket 6/3 covered China (State Color and Number)

Manufactured by.....

~~Cemetery~~ Crematory } Chapel of Chimes - Santa Rosa

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	115.00
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 1/2 = 57.50 / 3		
Taking Remains to		
Trip to Coroner's Inquest 17.50		
Delivering Box to 1		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45.00
Flowers, $..... Palms, $ ..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....line Death Notices in..... Papers		
Press Democrat (Names of Newspapers)		2.00
Rev. Perry		5.00
Sales Tax		1.73
Total Footing of Bill	$	168.73
Less	$	
Balance	$	

Entered into Ledger, page..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	8-5-42	By Payment In full	$ 168.73	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

104

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Aug. 5 1942

Name of Deceased Sarah Houghton white

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence.....

Charge to Roy B. [illegible]

Address. Bay view Hot[el]

Order given by.....

How Secured.....

If Veteran, State War.....

Occupation.....

Employer and Address.....

Date of Death.....

Date of Birth.....

Age..... 75 (Years)

Date of Funeral. 8-7-42 (Date)

Services at Hamilton[s]

Clergyman. Rev.....

Religion of the Deceased.....

Birthplace.....

Resided in the State..... (or U.

Place of Death.....

Cause of Death.....

Contributory Causes.....

metastasis to abdomen

Certifying Physician.....

His Address.....

Name of Father.....

His Birthplace.....

Maiden Name of Mother.....

Her Birthplace.....

~~Motor~~ / ~~Ship~~ } Remains to.....

Size of Casket.....

Manufactured by.....

Cemetery / Crematory } .....

HAMILTON & RILEY
FUNERAL DIRECTORS
1454 MONTGOMERY STREET
OROVILLE, CALIFORNIA

Bates and Evans

Sonoma, Calif.

FOR THE FUNERAL OF Mrs. Sarah Houghton

1942

Aug. 6	Opening grave and use of device etc.	$14.00
	Extra sized box	15.00
	Hearse hire	15.00
	Use of chapel and pur services	25.00
	Minister services	5.00
	Sales tax on box	.45
		$74.45

AUG 7 - 1942

C. D. Hamilton

Thank you!

	75.00
	15.00
	15.45
	55-
	14.00
	40
	5 1
	6 08

9618-Center Cut on bo[dy]
6/6

Order No.....

Date 7/7/41

No.....

#272

No.....

Fringe on Overlay
Banner of Stanwyx-Flesh Trim
SR B & BP
1800B 3x1 AS Handles
BATES & EVANS

Total Footing of Bill ..... $ 525.53

Less ..... $ 19.50

Balance ..... $ 506.03

Entered into Ledger, page ..... or below.

Amount Paid	Balance	Date		Amount Paid	Balance
			To Balance Forward		
		8-8-42	By Payment in full	506.03	
			" "		
			" "		
			" "		
			" "		
			" "		
			" "		

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry August 17 19 42

Name of Deceased Marie Garone (What Race) white

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence Agua Caliente ☐Husband ☐Wife ☐Widow or..... of Pietro Garone Dead

Charge to.....

Address.....

Order given by Mr. & Mrs. Antone Forne (or informant)

How Secured Agua Caliente, Mo. Payments

If Veteran, State War none

Occupation At Home None (Social Security Number)

Employer and Address.....

Date of Death August 17, 1942 (Date) (Hour)

Date of Birth Dec 22, 1847

Age 94 (Years) 7 (Months) 25 (Days)

Date of Funeral 8/20/42 (Date) Thurs (Day of Week) 10:4 (Hour) M.

Services at St. Francis

Clergyman..... (Address)

Religion of the Deceased Catholic

Birthplace Italy

Resided in the State 38 yrs. (or U. S. or City or County) (Years) (Months)

Place of Death At Home

Cause of Death Myocarditis Chronic

Contributory Causes With Cardiac decompensation

Certifying Physician Wm J. Newman M.D. (or Coroner)

His Address Sonoma P.O. Bx 624

Name of Father Unknown Alboughetti

His Birthplace Italy

Maiden Name of Mother Mary Veluborghi

Her Birthplace Italy

Motor / Ship } Remains to.....

Size of Casket #6006 Shade 857 Platinum Arcola (State Color and Number)

Manufactured by Cal. C. Co.

Cemetery / Crematory } Mt. Cem. Sonoma

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 295 —
Casket	
Burial Vault or Box (State Kind)	15 —
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from 1/2 =	147.50
Taking Remains to Son	15.00
Trip to Coroner's Inquest	162.50
Delivering Box to	4.87.50
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit this Property (State Number and District)	1 —
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	20 —
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service	
Arcola Mirror	15 —
....line Death Notices in Sonoma Papers	2 58
L. Italia (Names of Newspapers)	3 50
	2
Sales Tax	4 88
Total Footing of Bill	$ 356 96
Less	$
Balance	$

Entered into Ledger, page ..... or below.

San Francisco Casket Co.
321-335 Valencia Street
San Francisco, 3
Telephones MArket 1146-1147

Nov 15-45 —— 25 00
Balance 25 00
Feb-8, 1947- ck. 10 00

Letter 1/22/47

Date		Amount Paid	Balance
	To Balance Forward		$
Nov 7, 42	Antone Forne By Payment	$ 50 —	$ 306 96
Jan 30 43	[illegible] Roy Lewis	$ 50 —	$
Mar 15 43	Antone Forne	$ 50	$
April 27 43	Antone Forne	$ 19 —	$
Aug 17, 43	Antone Forne for Roy Lewis	$ 69 —	$
	Chas Garone	$	$
Dec 26 43	Chas Garoni	$ 10	$
Feb 28, 44	Insurance	20	
4/21/43 Mar 28	Companies	10	
Sept 12, 44		10	
Oct 29 44		10 -	
Feb 5 1945		3 96	
		5 80	
May 3, 1945			

Sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

the same within..... days from date. Interest to accrue from

Signed.....

Address.....

CINEMAN, St. Louis, Mo.

104

Total No.....

Name of Deceased....Sa
☐ Married ☐

Residence.....

Charge to Ray B. Le

Address. Bay co. Hot

Order given by.....

How Secured.....

If Veteran, State War....

Occupation.....At. L

Employer and Address....

Date of Death.....Aug

Date of Birth....Apr

Age.....75.....
(Years) (Months) (Days)

Date of Funeral 8-7-42 Fri 3 P. M.
(Date) (Day of Week) (Hour)

Services at Hamilton Chapel-Oroville, Calif.

Clergyman. Rev. Champlin - Oroville
(Address)

Religion of the Deceased..Pro.....

Birthplace....Oregon

Resided in the State.....74 yrs.....
(or U. S. or City or County) (Years) (Months)

Place of Death....Sonoma

Cause of Death. Cardio respiratory failure

Contributory Causes. Carcinoma of cervix with metastasis to abdomen - High blood pressure

Certifying Physician. Carroll B. Andrews.
(or Coroner)

His Address. Sonoma, Cal.

Name of Father. William Hensley

His Birthplace....Missouri

Maiden Name of Mother. Lucinda Cook.

Her Birthplace.....Oregon.

~~Motor~~ / ~~Ship~~ } Remains to. Oroville

Size of Casket.....
(State Color and Number)

Manufactured by.....

Cemetery / Crematory } .....

9618-Center Cut on body end
6/6
Order No.
Date 7/7/41
(
#272
Fringe on Overlay
Banner of Stanwyx-Flesh Trim
SR B & BP
1800B 3x1 AS Handles
BATES & EVANS

....19.42

....ghton.
.....Years

	75.	00
	15.	00
	15.	45
Limousines to Cemetery.....@ $		
Extra Limousines.....@ $		
Autos to R. R. Station.....@ $		
Getting Remains from.....		
Taking Remains to..Oroville.....	55	-
Trip to Coroner's Inquest ½ = 187.50		
Delivering Box to....Dy..... 15.00		
Deliver Flowers to...Dyke.... 15.00		
Removal Charges..... 217.50		
Procuring Burial Permit..... 3 (State Number and District)	6.	50
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's		
Pall Bearer Service, $.... Use of Chapel, $.....		
Gross Total for Sales Tax.....$		
Outlay for Lot.....		
Cremation.....		
Flowers, $.....Palms, $.....Matting, $.....		
Rental of Tent, $....of Temporary Vault, $.....		
Opening of Grave or Tomb.....	14	00
Lining Grave, $.....Lowering Device, $.....		
Outlay for Shipping Charges.....		
Clergyman, $.....Singers, $....Organist, $.....		
Railroad / Motor } Tickets, $..... Aero-plane Service, $.....		
Telegr., Phone, Cable or Radio Charges.....		
Cash Advanced.....		
Out of town Undertaker's Charges: Riley 60.	40	
Personal Service. Hamilton + Riley.....		
....line Death Notices in.....Papers.....		
(Names of Newspapers)		
Rev. Champlin.....	5	-
Sales Tax.....	6	08
Total Footing of Bill.....$	525	53
Less.....$	19	50
Balance.....$	506	03
Entered into Ledger, page.....or below.		

Amount Paid		Balance		Date		Amount Paid		Balance	
		$			To Balance Forward			$	
		$		8-8-42	By Payment in full	$ 506	03	$	
		$				$		$	
		$				$		$	
		$				$		$	
		$				$		$	
		$				$		$	
		$				$		$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

105

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry August 17 1942

Name of Deceased Marie Garone (What Race) white

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence Agua Caliente ☐Husband ☐Wife ☐Widow or..... of Pietro Garone Dead

Charge to.....

Address.....

Order given by Mr & Mrs Antone Forne (or informant)

How Secured Agua Caliente, Mo. Payment

If Veteran, State War none

Occupation At Home None (Social Security Number)

Employer and Address.....

Date of Death August 17, 1942 (Date) (Hour)

Date of Birth Dec 22 1847

Age 94 (Years) 7 (Months) 25 (Days)

Date of Funeral 8/20/42 (Date) Thurs (Day of Week) 10:0 (Hour) M.

Services at St. Francis

Clergyman..... (Address)

Religion of the Deceased Catholic

Birthplace Italy

Resided in the State 38 yrs. (or U. S. or City or County) (Years) (Months)

Place of Death At Home

Cause of Death Myocarditis Chronic

Contributory Causes With Cardiac decompensation

Certifying Physician Wm J. Newman M.D. (or Coroner)

His Address Sonoma P.O. Box 624

Name of Father Unknown Albughetti

His Birthplace Italy

Maiden Name of Mother Mary Albughi

Her Birthplace Italy

Motor / Ship } Remains to.....

Complete Funeral (except outlays)	$	295 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from 1/2 =	147.50	
Taking Remains to 0/4	15.00	
Trip to Coroner's Inquest	162.50	
Delivering Box to	4.87.50	
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit this Property (State Number and District)		1 —
___Certif. Copies of Death Certificates No.___		
Pall Bearer Service, $.... Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		20 —
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
....cola Mass		15 —
....line Death Notices in Local Papers		2 58
L. Italia (Names of Newspapers)		3 50
		2
Sales Tax		4 88
Total Footing of Bill	$	356 96
Less	$	
Balance	$	

Entered into Ledger, page.....or below.

Date			Amount Paid	Balance
		To Balance Forward	$	$
Nov 7, 42	" " "	By Payment Antone Forne	$ 50 —	$ 306 96
Jan 30 43	" " "	[illegible] for Roy Davis	$ 50 —	$
Jan 4, 43	" Letter To Chas Garone	Mar 15 43 Antone Forne	$ 50	$
	" "	April 27, 43 Antone Forne	$ 19 —	$
	" "	Aug 17, 43 Antone Forne for Roy Davis	$ 69 —	$
	" To " collect balance from	Chas Garone	$	$
	" "	Dec 20 43 Chas Garone	$ 10	$

Letter Statement Aug 18, 1943 — Sept 28, 44 " Insurance $ 20

Insurance $ Names of Lodges — Insurance Companies

Telephoned 9/1/43 will call about 9/21/43 — March 29 44 " 10

Letter to Garone — Nov 23, 1943 — Sept 12, 44 " " 10

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from

maturity at the rate of ..... % per annum.

Oct 29 44 — 10 —

Signed.....

Witness..... Jan 22, 1945 Letter — 11 9 6

Feb 5 1945 — 3 96

Address.....

4/26/45 " " — May 3, 1945 — 5 00

Compiled by F. J. FEINEMAN, St. Louis, Mo.

106

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Aug 30 1942

Name of Deceased Luke A. Nolan White

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Spain St Sonoma Calif ☐Husband ☐Wife ☐Widow or..... .....of Eula Nolan

Age of Husband or Wife (if living).....Years

Charge to Eula Nolan

Address Spain St Sonoma, Caly

Order given by..... (or informant)

How Secured.....

If Veteran, State War none

Occupation Gardner None (Social Security Number)

Employer and Address.....

Date of Death Aug 30, 1942 4:20 PM (Date) (Hour)

Date of Birth Dec 18, 1883

Age 58 (Years) 8 (Months) 12 (Days)

Date of Funeral..... M. (Date) (Day of Week) (Hour)

Services at Chapell

Clergyman Rev B F Ray Sonoma (Address)

Religion of the Deceased.....

Birthplace Texas

Resided in the State 30 years (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co. Hospital S R

Cause of Death Arteriosclerotic Cardio-

Contributory Causes Vascular disease

Bronchopneumonia

Certifying Physician Arthur Miller M.D (or Coroner)

His Address Sonoma Co. Hospital S R

Name of Father Luke Nolan

His Birthplace Unknown

Maiden Name of Mother Maggie

Her Birthplace.....

Motor / Ship } Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by.....

Cemetery / Crematory } Chapel of Chimes S. Road

Casket No. 30

Size 6/3

S.F.C. Co

Covering Grey Am

Complete Funeral (except outlays)	$	160 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 1/2 — 80.00		
Taking Remains to 3		
Trip to Coroner's Inquest 24.00		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45 —
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Mrs Grinstead		5 —
Rev Ray		5 —
.....line Death Notices in Posted apers (Names of Newspapers)		2 58
Sales Tax		2 40
Total Footing of Bill	$	219 98
Less	$	8 —
Balance	$	211 98

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$ Sept 24, 42		By Payment Paid in full	$ 211 98	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dept Aug 30 1942

Name of Deceased John Francis Aguires

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence San Francisco ☐Husband ☐Wife ☐Widow or..... of } Age of Husband or Wife (if living).....Years

Charge to Mrs James Robertson

Address 256 San Jose Ave S.F.

Order given by.....

How Secured 25cc Down (or informant) Balance at once

If Veteran, State War.....

Occupation none (Social Security Number)

Employer and Address.....

Date of Death Aug 30 42 (Date) 7:30 P.M. (Hour)

Date of Birth July 26, 1933

Age 9 (Years) 1 (Months) 4 (Days)

Date of Funeral 9/2/42 (Date) Wed (Day of Week) 4 P.M. (Hour)

Services at Chapel

Clergyman Father Walsh

Religion of the Deceased Catholic (Address)

Birthplace S.F. Cal

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma State Home

Cause of Death Broncho-pneumonia

Contributory Causes.....

.....

Certifying Physician C.W. Beard (or Coroner)

His Address Eldridge

Name of Father William J. Aguires

His Birthplace San Jose, Cal

Maiden Name of Mother Hazel Pond

Her Birthplace Seattle, Wash

Motor Ship } Remains to.....

Size of Casket 4/0 #14 Wht Lambskin (State Color and Number)

Manufactured by S.F.C.C.

Cemetery Crematory } Sonoma Catholic

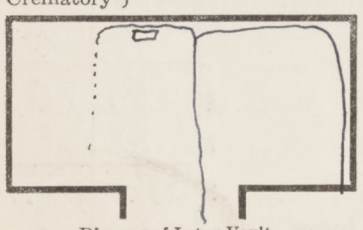


Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	50 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $ — Underwear, $		
Suit or Dress Nile Gown (State Kind and Color)		1 —
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 1/2 = 25.00 / 3		
Taking Remains to ,7500		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 1 grave		5 —
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		8 —
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....Blessing		5 —
....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		75
Total Footing of Bill	$	69 75
Less	$	
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$	Sept 2 42	To Balance Forward	$	$
	By Payment	$	$	" 4 42	By Payment	$ 25 —	$
	" "	$	$		Due full	$ 50	$
	" "	$	$		" "	$ 75 —	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

108

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept 3 1942

Name of Deceased Mary Agnes McMann (What Race) White

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Boyes Springs Barrett Ave.

☐ Husband ☐ Wife ☐ Widow or ..... of Thomas D. McMann

Age of Husband or Wife (if living) 67 Years

Charge to Thomas D. McMann

Address B424 Boyes Hot Springs, Cal

Order given by..... (or informant)

How Secured.....

If Veteran, State War none

Occupation Housewife none (Social Security Number)

Employer and Address.....

Date of Death Sept 3, 1942 (Date) 9:30 PM (Hour)

Date of Birth Oct 10, 1874

Age 67 (Years) 10 (Months) 23 (Days)

Date of Funeral Sept 5 (Date) Sat (Day of Week) 10 A.M. (Hour)

Services at St. Francis

Clergyman..... (Address)

Religion of the Deceased Catholic

Birthplace San Francisco, Caly

Resided in the State 30 years (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Coronary Occlusion

Contributory Causes.....

Gastric Carcinoma

Certifying Physician E. J. Finnerty M.D. (or Coroner)

His Address Sonoma, Caly

Name of Father William Hipsley

His Birthplace Scotland

Maiden Name of Mother Ann Unknown

Her Birthplace Ireland

Motor / Ship } Remains to.....

Size of Casket #775 Std & Gold Arcadia (State Color and Number)

Manufactured by.....

Cemetery / Crematory } Mt. Cemetery Sonoma, Caly

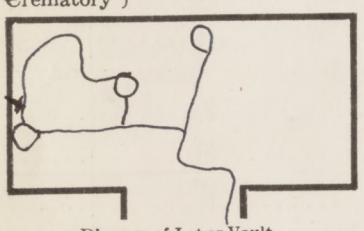


Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 330	
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from Ft Bragg	165.00	
Taking Remains to Mt	15.00	
Trip to Coroner's Inquest	180.00	
Delivering Box to		
Deliver Flowers to		
Removal Charges	40.00	
Procuring Burial Permit (State Number and District)	6	-
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb	20	00
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad / Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Mass	15	-
.....line Death Notices in ..... Papers		
Examiner (Names of Newspapers)	5	50
Chronicle	4	80
Sales Tax	5	40
Total Footing of Bill	$ 401	70
Less	$ 17	25
Balance	$ 384	45

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	Sept 9, 42	By Payment in full	$ 384 45	$ —
	" "	$	$		"	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept. 4 1942

Name of Deceased Ira Earnest Noyes White
(What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence Hyde Track Sonoma Rural ☐Husband ☐Wife ☐Widow or..... .....of } Katherine Noyes
Age of Husband or Wife (if living) ..... Years

Charge to Raymond B. Noyes

Address R.F.D. Box 512 Sonoma, Calif

Order given by.....
(or informant)

How Secured.....

If Veteran, State War None

Occupation Rancher None
(Social Security Number)

Employer and Address.....

Date of Death Sept 4, 1942 (Date) 1:40 P.M. (Hour)

Date of Birth March 6, 1876

Age 66 (Years) 5 (Months) 28 (Days)

Date of Funeral Sept 6 (Date) Sunday (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman.....
(Address)

Religion of the Deceased.....

Birthplace Jefferson Valley, Montana

Resided in the State 50 years (or U.S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician A. K. McGrath M.D.
(or Coroner)

His Address Sonoma Calif

Name of Father George Noyes

His Birthplace Montana

Maiden Name of Mother Hubbard

Her Birthplace Unknown

Motor Ship } Remains to.....

Size of Casket.....
(State Color and Number)

Manufactured by.....

~~Cemetery~~ Crematory } Chapel of the Chimes Santa Rosa, Calif

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	215 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 1/2 10.50 3		
Taking Remains to		
Trip to Coroner's Inquest 3.225.0		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45 —
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Rev Perry		5 —
....line Death Notices in ..... Papers		
S.F. Examiner		3 — 12
		—
Sales Tax		3 28
Total Footing of Bill	$	271 95
Less	$	
Balance	$	

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	10-26-42	By Payment In full	$	$ 271.95
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

110

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept 5 1942

Name of Deceased John Dimarco

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence El Monte ☐Husband ☐Wife ☐Widow or..... of } Age of Husband or Wife (if living).....Years

Charge to Harry Dimarco

Address 1924 Sheridan ave L. A.

Order given by..... (or informant)

How Secured.....

If Veteran, State War.....

Occupation none (Social Security Number)

Employer and Address.....

Date of Death 9/5/42 (Date) 6 P.M. (Hour)

Date of Birth June 7, 1907

Age 35 (Years) 2 (Months) 28 (Days)

Date of Funeral 9/7/42 (Date) Mon (Day of Week) 4:30 P.M. (Hour)

Services at Chapel

Clergyman Father Keller (Address)

Religion of the Deceased Catholic

Birthplace Los Angeles, Cal.

Resided in the State Life (U.S. or City or County) (Years) (Months)

Place of Death El Monte

Cause of Death Ac. Intestinal Obstruction

Contributory Causes.....

.....

Certifying Physician C. M. Pearce (or Coroner)

His Address El Monte

Name of Father Geo Dimarco

His Birthplace Italy

Maiden Name of Mother Maria Greco

Her Birthplace Italy

Motor Ship } Remains to.....

Size of Casket 6/3 Cov. Cloth (State Color and Number)

Manufactured by S. F. Co.

Cemetery Crematory } Sonoma, Catholic

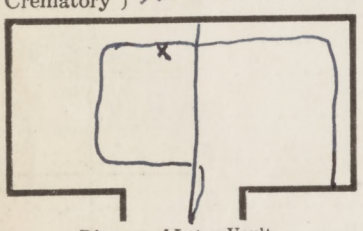


Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	75 —
Casket		
Burial Vault or Box (State Kind)	none	
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ½ — 3750		
Taking Remains to		
Trip to Coroner's Inquest 11250		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot single grave		5 —
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		12 50
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service.. Blessing at Chapel		5 —
....line Death Notices in..... Papers (Names of Newspapers)		
Sales Tax		3
Total Footing of Bill	$	98 63
Less	$	
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
Sept 8	By Payment	$	$ 98 63
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Mr. Herre at Grand-daughters:
Mrs J. Allen
712 Campbell St. Oak

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept 16 1942

Name of Deceased Cordelia Herre White
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Glen Ellen, Calif. ☐ Husband ☐ Wife ☐ Widow } William Herre 71
Charge to William Herre or.....of } Age of Husband or Wife (if living) Years

Address Glen Ellen, Calif.

Order

How S

If Vet

Occup

Emplo

Date o

Date o

Age..

Date o

Servic

Clergy

Religio

Birthp

Reside

Place o

Cause

Contri

.....

Certify

His Ad

Name

His Bi

Maide

Her Birthplace Unknown

Motor / Ship } Remains to .....

Size of Casket .....
(State Color and Number)

Manufactured by .....

Cemetery / Crematory } Mt. Cemetery Sonoma, Calif.

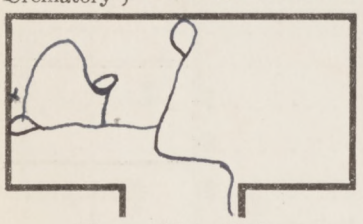


Diagram of Lot or Vault

Lot No.....
Grave No.....
Section No.....
Block No.....
Owner.....

Complete Funeral (except outlays)	$	460 —
Casket		
Burial Vault or Box Steel vault (State Kind)		125 —
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $.....		
Dressing Body, $ Slip Underwear, $ Stat		3 08
Suit or Dress Lot (State Kind and Color)		
Slippers, $..... Hose, $.....		
Folding Chairs, $..... Tarpaulin, $.....		
Candelabrum, $..... Candles, $.....		
Floor Spray, $..... Gloves, $.....		
Funeral Car, $..... Ambulance, $.....		
Limousines to Cemetery ..... @ $.....		
Extra Limousines ..... @ $.....		
Autos to R. R. Station ..... @ $.....		
Getting Remains from 1/2 = 232.50		
Taking Remains to Vault 125.00		
Trip to Coroner's Inquest Slip 3.00		
Delivering Box to 260.50		
Deliver Flowers to 3		
Removal Charges 108.50		
Procuring Burial Permit		6 —
Certif. Copies of Death Certificates No. (State Number and District)		
Pall Bearer Service, $..... Use of Chapel, $..... (State Physician's or Coroner's Fee)		
Gross Total for Sales Tax	$	
Outlay for Lot 2 Space		2 —
Cremation		
Flowers, $..... Palms, $..... Matting, $.....		
Rental of Tent, $..... of Temporary Vault, $.....		
Opening of Grave or Tomb		22 —
Lining Grave, $..... Lowering Device, $.....		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $.....		
Railroad / Motor } Tickets, $..... Aeroplane Service, $.....		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....line Death Notices in Papers (Names of Newspapers)		2 58
Sales Tax		10 73
Total Footing of Bill	$	636 39
Less 29.50 (30 Days)	$	
Balance	$	

Entered into Ledger, page.....or below.

G. H. HOTZ
LADIES' READY-TO-WEAR
LINGERIE - HOSIERY - MILLINERY
EXCLUSIVE STYLES — MEN'S FURNISHINGS
PHONE 71-W Sonoma, Calif. 9/17 1942
Sold To Bales & Evans
Address

1 Sash	1	50
1 pr pants	6	—
1 " vest	7	50
1 pr Hose		99
	2	99
		09
	3	08

Chg
37

Date		Amount Paid	Balance
A. E. Letourneau	To Above Balance	$	$
3401-Temple St. L.A.	By Payment	$	$
A.F. + "S" Fe		$	$
Semi-monthly payment		$5.00	$
.....	" "	$	$
.....	" "	$	$
.....	" "	$	$
Sent Stat	" May 12, 43	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
Sept 24, 42	Wm Herre By Payment	$200 —	$
Feb. 15-44	Wm Herre	$100	$
March 10 44	" Wm " Herre	$ 20	$
April 12 44	" Wm " Herre	$ 50	$
May 11, '44	" Wm " Herre	$ 66 39	$
July 16 44	" " " "	$ 50 —	$
Sept 12, 44	" "	$ 20 —	$

Sent Statement to Wm Herre Nov. 23, 1943.

Insurance $..... Names of Lodges..... Insurance Companies.....

Dec 1, 44 20 — 520 39
Mar 17, 45 10
Jan 7 46 20 Bal 5.66 39
April 20, 46 35 Bal. 601.39
May 2, 46 35

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of.....% per annum.

Witness..... Signed.....
Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

110

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept 5 1942

Name of Deceased John Dimarco

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Eldridge ☐Husband ☐Wife ☐Widow } .....

Charge to: Harry Dimarco or..... .....of } Age of Husband or Wife (if living).....Years

Address 1924 Sheridan ave L. A.

Order given by..... (or informant)

How Secured.....

If Veteran, State War.....

Occupation none (Social Security Number)

Employer and Address.....

Date of Death 9/5/42 (Date) 6 P.M. (Hour)

Date of Birth June 7, 1907

Age 35 (Years) 2 (Months) 28 (Days)

Date of Funeral 9/7/42 (Date) Mon (Day of Week) 4:30 P.M. (Hour)

Services at Chapel

Clergyman Father Keller (Address)

Religion of the Deceased Catholic

Birthplace Los Angeles, Cal.

Resided in the State Life (U.S. or City or County) (Years) (Months)

Place of Death Eldridge

Cause of Death Ac. Intestinal Obstruction

Contributory Causes.....

.....

Certifying Physician C M Pearce (or Coroner)

His Address Eldridge

Name of Father Jos Dimarco

His Birthplace Italy

Maiden Name of Mother Maria Greco

Her Birthplace Italy

Motor / Ship } Remains to.....

Size of Casket 6/3 Cov. Cloth (State Color and Number)

Manufactured by S-F-C-Co

Cemetery / Crematory } Sonoma, Catholic

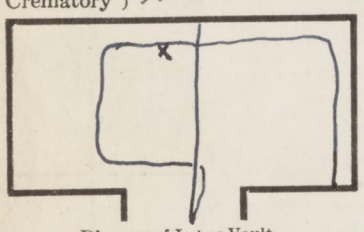


Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	75 —
Casket		
Burial Vault or Box none (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ½ — 37.50 3		
Taking Remains to		
Trip to Coroner's Inquest 1.1.25.0		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot single grave		5 —
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		12 50
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad / or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service.. Bleegen at Chapel		5 —
....line Death Notices in.....Papers (Names of Newspapers)		
Sales Tax		3
Total Footing of Bill	$	98 63
Less	$	
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
Sept 8	By Payment	$	$ 98,63
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

SPECIALIZING IN—
LADIES' READY-TO-WEAR
LINGERIE
HOSIERY
MILLINERY
NOVELTIES
MEN'S FURNISHINGS
CLOTHING
SHIRTS
UNDERWEAR
HATS
TIES
HOTZ'S
If your Purchase is in any way Unsatisfactory, Please Report the same as all Errors will be Cheerfully Rectified.
REDFORM-PACIFIC MANIFOLDING BOOK CO., INC., EMERYVILLE, CALIF.

UNERAL

Total No... | Date of Entry ... Sept 16 ... 19 42

Name of ... | ... White
(What Race)

Residence ... | ... Husband ☐ Wife ☐ Widow } ... William Henre 71
Charge t... | ... or ... of } Age of Husband or Wife (if living) ... Years

Address ...

Order ...

How S... | ...lete Funeral (except outlays) ... $ 460 —

If Veteran, State War ... None | ...et ...

Occupation ... Housewife ... None (Social Security Number) | ...al Vault or Box Steel vault (State Kind) ... 125 —

Employer and Address ... | ...balming Body ... (Name of Embalmer)

Date of Death ... Sept 16, 1942 (Date) ... 3 P.M. (Hour) | ...ber, $ ... Hair Dressing, $ ...

Date of Birth ... March 28, 1871 | Dressing Body, $ Slip ... Underwear, $ Vest ... 3 08

Age ... 71 (Years) 5 (Months) 18 (Days) | Suit or Dress ... (State Kind and Color)

Date of Funeral Sept 19 (Date) ... Sat. (Day of Week) ... 3:30 P.M. (Hour) | Slippers, $ ... Hose, $ ...

Services at ... Chapel | Folding Chairs, $ ... Tarpaulin, $ ...

Clergyman ... Rebecca Lodge ... Sonoma (Address) | Candelabrum, $ ... Candles, $ ...

Religion of the Deceased ... | Door Spray, $ ... Gloves, $ ...

Birthplace ... Carson City, Nevada | Funeral Car, $ ... Ambulance, $ ...

Resided in the State ... 20 years (or U. S. or City or County) (Years) (Months) | Limousines to Cemetery ... @ $ ...

Place of Death ... Home | Extra Limousines ... @ $ ...

Cause of Death ... Cerebral Hemorrhage | Autos to R. R. Station ... @ $ ...

Contributory Causes ... | Getting Remains from 1/2 = ... 232.50

... | Taking Remains to ... Vault ... 125.00

Certifying Physician ... Vernon Schuerholz (or Coroner) | Trip to Coroner's Inquest Slip ... 3.00

His Address ... Santa Rosa ... Calif | Delivering Box to ... 260.50

Name of Father ... Unknown ... Drube | Deliver Flowers to ... 3

His Birthplace ... Unknown | Removal Charges ... 108.50

Maiden Name of Mother ... Letourneau | Procuring Burial Permit ... 6 —

Her Birthplace ... Unknown | (State Number and District)

Motor / Ship } Remains to ... | ___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)

Size of Casket ... | Pall Bearer Service, $ ... Use of Chapel, $ ...

Manufactured by ... (State Color and Number) | Gross Total for Sales Tax ... $

Cemetery / Crematory } Mt. Cemetery Sonoma, Calif | Outlay for Lot ... 2 Paid to ... 2 —

Lot No. ... | Cremation ...

Grave No. ... | Flowers, $ ... Palms, $ ... Matting, $ ...

Section No. ... | Rental of Tent, $ ... of Temporary Vault, $ ...

Block No. ... | Opening of Grave or Tomb ... 22 —

Owner ... | Lining Grave, $ ... Lowering Device, $ ...

Diagram of Lot or Vault | Outlay for Shipping Charges ...

| Clergyman, $ ... Singers, $ ... Organist, $ ...

| Railroad / or Motor } Tickets, $ ... Aero-plane Service, $ ...

| Telegr., Phone, Cable or Radio Charges ...

| Cash Advanced ...

| Out of town Undertaker's Charges ...

| Personal Service ...

| ...line Death Notices in Press papers ... 2 58

| (Names of Newspapers)

| Sales Tax ... 10 73

| Total Footing of Bill ... $ 636 39

| Less 29.50 (30 Days) ... $

| Balance ... $

| Entered into Ledger, page ... or below.

Date		Amount Paid	Balance
A. E. Letourneau	To Above Balance	$	$
3401 Temple St L.A.	By Payment	$	$ Sept 24, 42
A.F. + "L" Fe		$	$ Feb. 15-44
semi monthly payment $15.00		$	$ March 10 44
	" "	$	$ April 12 44
	" "	$	$ May 11, 44
	" "	$	$ July 16 44
Sent Stat " May 12, 43		$	$ Sept 12, 44

Date		Amount Paid	Balance
	To Balance Forward	$	$
Wm Henre	By Payment	$ 200 —	$
Wm Henre		$ 100	$
"Wm "Henre		$ 20	$
"Wm "Henre		$ 50	$
"Wm "Henre		$ 66 39	$
" " "		$ 50 —	$
" " "		$ 20 —	$

Sent Statement & Wm Henre Nov. 23, 1943.

Insurance $ ... Names of Lodges ... Insurance Companies ... Dec. 1, 44 ... 20 — 520 39
Mar 17 45 ... 10
Jan 7 46 ... 50 Bal 560 39

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

April 20, 46 ... 35 Bal. 601.39
Signed ...
May 2, 46 ... 35
Witness ... Address ...

Compiled by F. J. FEINEMAN, St. Louis, Mo.

112

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Sept 21 1942

Name of Deceased Infant Son of Willie Martindale (What Race) White

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence Agua Caliente Caly

☐Husband ☐Wife ☐Widow } of .....

Charge to Willie Martindale

Age of Husband or Wife (if living) ..... Years

Address Agua Caliente Caly

Order given by ..... (or informant)

How Secured .....

If Veteran, State War none

Occupation Infant None (Social Security Number)

Employer and Address .....

Date of Death Sept 21, 1942 (Date) 5 9 M (Hour)

Date of Birth Sept 21 1942

Age 4 hours (Years) (Months) (Days)

Date of Funeral Sept 21 (Date) Monday (Day of Week) 2 P. M. (Hour)

Services at Chapel

Clergyman ..... (Address)

Religion of the Deceased .....

Birthplace Agua Caliente Caly

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Wm J. Newman M.D. (or Coroner)

His Address Sonoma Caly

Name of Father Willie Martindale

His Birthplace Texas

Maiden Name of Mother Hallie Hickey

Her Birthplace Tennessee

Motor / Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery / Crematory } Mt. Cemetery Sonoma Caly

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	12 50
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 1/2 = 6.25 / 3		
Taking Remains to		
Trip to Coroner's Inquest 18.75		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		6 —
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		4 —
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev Perry		2 50
....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		19
Total Footing of Bill	$	25 19
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	Sept 22, 42	By Payment Paid in full	$ 25 19	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct 14 1942

Name of Deceased Alice Lathrop White

[X] Married [ ] Single [ ] Widowed [ ] Divorced (What Race)

Residence Fetters Hot Springs [ ]Husband [ ]Wife [ ]Widow } William F. Lathrop not given

Charge to Miss Hotle - Guardian or.....of } Age of Husband or Wife (if living).....Years

Address Sebastopol Calif

Order given by..... (or informant)

How Secured.....

If Veteran, State War ~~none~~

Occupation ~~none~~ ~~none~~ (Social Security Number)

Employer and Address.....

Date of Death Oct 14, 1942 (Date) 1:59 P.M. (Hour)

Date of Birth..... 1873

Age 69 (Years) (Months) (Days)

Date of Funeral Oct 17 (Date) Sat (Day of Week) 9:30 A.M. (Hour)

Services at St. Frances

Clergyman.....

Religion of the Deceased Catholic (Address)

Birthplace Ireland

Resided in the State Not given (or U. S. or City or County) (Years) (Months)

Place of Death Napa State Home

Cause of Death Coronary Occlusion

Contributory Causes Generalized Arterio-sclerosis

Certifying Physician C. Gaulkins M.D. (or Coroner)

His Address Napa State Hospital

Name of Father Not given

His Birthplace.....

Maiden Name of Mother Not given

Her Birthplace.....

Motor / Ship } Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by.....

Cemetery / Crematory } Catholic Cemetery Sonoma, Calif

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	85 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		2 06
Dressing Body, $ ~~Slip~~ Underwear, $		~~1 00~~
~~Suit or~~ Dress ~~+ tax~~ (State Kind and Color)		6 18
Slippers, $..... Hose, $ ½ = 42.50		
Folding Chairs, $..... Tarpaulin, $ 37 15.00		
Candelabrum, $..... Candles, $ under 2.00		
Door Spray, $ ..... Gloves, $ Dress 6.00		
Funeral Car, $..... Ambulance, $ 65.50		
Limousines to Cemetery ..... @ $ 3		
Extra Limousines ..... @ $ 19 50		
Autos to R. R. Station ..... @ $		
Getting Remains from ½ = 42.50		
Taking Remains to Napa 15.00		
Trip to Coroner's Inquest Dress 6.00		
Delivering Box to undertaker 3.50		
Deliver Flowers to ~~50~~ 3		
Removal Charges 19 50		
Procuring Burial Permit		
(State Number and District) ___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 2 graves @ 10.00		20 —
Cremation		
Flowers, $..... Palms, $ ..... Matting, $		3 50
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		12 50
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service..... Mass		15 —
.....line Death Notices in Sat Tel Papers (Names of Newspapers)		2 58
Sales Tax		1 23
Total Footing of Bill	$	163 55
Less	$	
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward		$
	By Payment	$	$ June 1943		By Payment	$ 163 55	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis. Mo.

114

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Oct 17 1942

Name of Deceased George A. Statzell

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race) W.

Residence Park Ave. Fetters Springs ☐ Husband ☐ Wife ☐ Widow of ..... Edna

Charge to Mrs. Helen Gibson Daughter Age of Husband or Wife (if living) ..... Years

Address P.O. Box 874 Sonoma

Order given by ..... (or informant)

How Secured Per Mo

If Veteran, State War None

Occupation Retired Interior Decorator (Social Security Number)

Employer and Address

Date of Death Oct. 17, 42 (Date) 11 P.M. (Hour)

Date of Birth June 1, 1883

Age 59 (Years) 4 (Months) 16 (Days)

Date of Funeral 10/20/42 (Date) Tues (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev J Perry (Address)

Religion of the Deceased

Birthplace Lincoln, Neb.

Resided in the State 2 Mo. (U. S. or City or County) (Years) (Months)

Place of Death Fetters Springs

Cause of Death Metastatic Carcinoma

Contributory Causes Primary Carcinoma of Rectum

Certifying Physician C. B. Andrews (or Coroner)

His Address

Name of Father Wm

His Birthplace — Penn.

Maiden Name of Mother Mary Fenlon

Her Birthplace — Ireland

Motor / Ship Remains to

Size of Casket 6-3 Low 3 Cam A. C. (State Color and Number)

Manufactured by C. C. Co.

Cemetery / Crematory Mt. Olivet

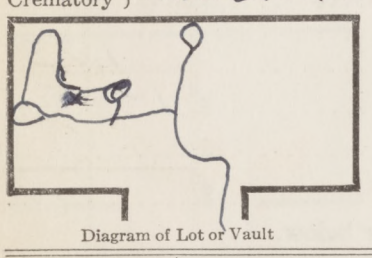


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 180	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ½ =	90.00	
Taking Remains to Mt	15.00	
Trip to Coroner's Inquest	105.00 3	
Delivering Box to		
Deliver Flowers to	15.00	
Removal Charges		
Procuring Burial Permit (State Number and District)	6	—
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	22	—
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Rev Perry	5	—
....line Death Notices in ..... Papers		
Mrs. Grunsted (Names of Newspapers)	5	—
Sales Tax	3	15
Total Footing of Bill	$ 236	15
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
4/11/44	To Above Balance		$
9/2/44	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
Oct 22 42	By Payment	$ 75.00	$
Jan 8 43	" "	$ 25 —	$
May 21-43	" "	$ 25 —	$
Oct. 18-43	" "	$ 20 —	$
4/24/44	" "	$ 20 —	$
9/16/44	" "	$ 20	$
6, 44	In full	$ 57 15	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Nelle J. (Bryson) office matrons -
Boy Jr.
Eldridge, Cal.

115

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Oct. 22 1942

Name of Deceased Doctr Hendley Bryson (What Race) White

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Eldridge, Cal. ☒ Husband ☐ Wife ☐ Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Nellie Jane Bryson

Address Eldridge, Calif.

Order given by ..... (or informant)

How Secured .....

If Veteran, State War None

Occupation Hospital Attn (S

Employer and Address Sonoma

Date of Death Oct. 22-42 (Date)

Date of Birth Aug. 12-1885

Age 57 (Years) (Months)

Date of Funeral 10-24-42 (Date) Sat. (Day of Week)

Services at Chapel

Clergyman Rev. C. W. Perry

Religion of the Deceased Prod

Birthplace Nebraska

Resided in the State ..... (or U. S. or City or County)

Place of Death Burndale, Sa

Cause of Death Myocardial Fai

Contributory Causes Coronary accl

Arteriosclerosis

Certifying Physician C. F. McG (or Coroner)

His Address Sonoma, Ca

Name of Father John Bryson

His Birthplace Scotland

Maiden Name of Mother Caroline M

Her Birthplace Pennsylvania

Motor / Ship } Remains to .....

Size of Casket 2160 H.P. Circassian Walnut (State Color and Number)

Manufactured by S.F.C. Co. Polished Redwood

Cemetery / ~~Crematory~~ } Mt. Lem. Sonoma

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	420 00
Casket		
Burial Vault or Box (State Kind)		15 00
Embalming Body		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
line Death Notices in Papers		
Mrs. Grinstead no chg (Names of Newspapers)		5 00
Rev. Perry		5 00
Sales Tax		6 60
Total Footing of Bill	$	490 60
Less 5% on #435	$	21 75
Balance	$	468 85

Entered into Ledger, page ..... or below.

Return this Tag for Duplicate

FROM

San Francisco Casket Co.

321 Valencia Street -:- San Francisco, Calif.

Telephone { Market 1146 / Market 1147

Casket No. 2160 HP Order No.

Size 6/6 Date 6/12/42

Covering Circassian Walnut Finish Redwood

Description Ascot Panel & Pillow
Lined OB Crepe Pillow Set
B & BP to match
361 3xl Bronze & Brass Handles

For BATES & EVANS

Not ordered-no more in stock

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Deduct Mrs Grinstead no chg 5 —
Certified cash check
Nov. 16-42 Dr Full 464 85

Date		Amount Paid	Balance
	To Balance Forward		$ 463 85
	By Payment		$ 1 —
	" "		$ 464 85
	" "	$ 464 85	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

114

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Oct 17 1942

Name of Deceased George A. Statzell

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race) W.

Residence Park Ave. Fetters Springs ☐Husband ☐Wife ☐Widow of ..... Edna

Charge to Mrs. Helen Gibson (Daughter) Age of Husband or Wife (if living) ..... Years

Address P.O. Box 874 Sonoma

Order given by ..... (or informant)

How Secured ..... Ins. Mo.

If Veteran, State War ..... None

Occupation Retired Interior Decorator (Social Security Number)

Employer and Address .....

Date of Death Oct. 17, 42 11 P.M. (Date) (Hour)

Date of Birth June 1, 1883

Age 59 (Years) 4 (Months) 16 (Days)

Date of Funeral 10/20/42 (Date) Tues (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev. J. Perry (Address)

Religion of the Deceased .....

Birthplace Lincoln, Neb.

Resided in the State 2 Mo. (or U. S. or City or County) (Years) (Months)

Place of Death Fetters Springs

Cause of Death Metastatic Carcinoma

Contributory Causes Primary carcinoma of Rectum

Certifying Physician C. B. Andrews (or Coroner)

His Address .....

Name of Father Wm

His Birthplace — Penn.

Maiden Name of Mother Mary Fenlon

Her Birthplace — Ireland

Motor / Ship Remains to .....

Size of Casket 6-3 Low 3 Can A. C. (State Color and Number)

Manufactured by .....

Cemetery / Crematory Mt. Cem.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$ 180	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ½ =	90.00	
Taking Remains to ½	15.00	
Trip to Coroner's Inquest	105.00 3	
Delivering Box to		
Deliver Flowers to	3 15.00	
Removal Charges		
Procuring Burial Permit (State Number and District)	6	—
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	22	—
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev. Perry	5	—
....line Death Notices in .... Papers Mrs. Grunsted (Names of Newspapers)	3	—
Sales Tax	3	15
Total Footing of Bill	$ 236	15
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
4/11/44	Father To Above Balance		$		To Balance Forward		$
9/2/44	By Payment	$	$	Oct 22 42	By Payment	$ 75.00	$
	" "	$	$	Jan 8 43	" "	$ 25 —	$
	" "	$	$	May 21-43	" "	$ 25 —	$
	" "	$	$	Oct. 18-43	" "	$ 20 —	$
	" "	$	$	4/24/44	" "	$ 20 —	$
	" "	$	$	9/18/44	" "	$ 20	$
	" "	$	$ Pd	6, 44	In full	$ 57 15	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Nelle J. (Bryson) 67
Box 12
Eldridge, Cal.

REC

Total No..... Yearly N

Name of Deceased..Doctr. He...

☒ Married ☐ Single ☐ Wi

Residence..Eldridge, Cal...

Charge to..Nellie Jane B...

Address....Eldridge, Ca...

Order given by.....
(or informant)

How Secured.....

If Veteran, State War....None....

Occupation..Hospital Attn...

Employer and Address..Sonoma...

Date of Death....Oct. 22-42....
(Date)

Date of Birth....Aug. 12-1885.....

Age.....57.....
(Years) (Months) (Days)

Date of Funeral..10-24-42..Sat.....3..P.M.
(Date) (Day of Week) (Hour)

Services at..:Chapel.....

Clergyman..Rev. C. W. Perry - Sonoma
(Address)

Religion of the Deceased..Prod.....

Birthplace..Nebraska.....

Resided in the State.....22.....
(or U. S. or City or County) (Years) (Months)

Place of Death..Burndale Hospital...

Cause of Death..Myocardial Failure.....

Contributory Causes..Coronary occlusion
.....Arteriosclerosis.....

Certifying Physician..T. F. McGrath M.D.
(or Coroner)

His Address..Sonoma, Calif.....

Name of Father..John Bryson.....

His Birthplace.....Scotland.....

Maiden Name of Mother..Caroline M. Morris.....

Her Birthplace.....Pennsylvania.....

Motor / Ship } Remains to.....

Size of Casket..2166 H.P...Circassian Walnut.....
(State Color and Number)

Manufactured by..S.F.C.Co. - Polished Redwood..

Cemetery / ~~Crematory~~ } Mt. Lm. Sonoma.....

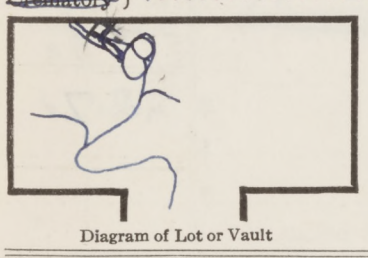


Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Door Spray, $	Gloves, $	
Funeral Car, $	Ambulance, $	
Limousines to Cemetery	@ $	
Extra Limousines	@ $	
Autos to R. R. Station	@ $	10.00
Getting Remains from	1/2	15.00
Taking Remains to	Brdt	25.00
Trip to Coroner's Inquest		3
Delivering Box to		7.50
Deliver Flowers to	Cemetery	1 00
Removal Charges		
Procuring Burial Permit		6 00
(State Number and District) Certif. Copies of Death Certificates No.		
(State Physician's or Coroner's) Pall Bearer Service, $	Use of Chapel, $	
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $	Palms, $	Matting, $
Rental of Tent, $	of Temporary Vault, $	
Opening of Grave or Tomb		32 00
Lining Grave, $	Lowering Device, $	
Outlay for Shipping Charges		
Clergyman, $	Singers, $	Organist, $
Railroad or Motor } Tickets, $	Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
	:	
line Death Notices in	Papers	
Mrs. Grinstead no chg	(Names of Newspapers)	5 00
Rev. Perry		5 00
Sales Tax		6 60
Total Footing of Bill	$	490 60
Less 5% on #435	$	21 75
Balance	$	468 85

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Deduct Mrs Grinstead no chg 5 —
Certified certificate
Nov-16-42 Dr full 464 85

Date		Amount Paid	Balance
	To Balance Forward		$ 463 85
	By Payment		$ 1 —
	" "		464 85
	" "	$ 464 85	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct 22 1942

Name of Deceased Ruth Ann Harris White

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence..... ☐Husband ☐Wife ☐Widow or.....of } Age of Husband or Wife (if living).....Years

Charge to Roy Harris

Address Rt. 1 Box 105 Sonoma Cal.

Order given by..... (or informant)

How Secured.....

If Veteran, State War.....

Occupation none (Social Security Number)

Employer and Address.....

Date of Death Oct. 22 - 1942 10.30 A.M. (Date) (Hour)

Date of Birth Oct. 21 - 1942 - 2130 P.M.

Age 20 hours. (Years) (Months) (Days)

Date of Funeral 10-23-42 Fri 10 A.M. (Date) (Day of Week) (Hour)

Services at Graveside

Clergyman Father Walsh : Sonoma (Address)

Religion of the Deceased Catholic

Birthplace Sonoma

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death Myocardial Failure

Contributory Causes Atelactasis

.....

Certifying Physician A. K. McGrath M. D. (or Coroner)

His Address Sonoma, Calif.

Name of Father Roy Harris

His Birthplace Napa, Idaho

Maiden Name of Mother Lena Bettagnitti

Her Birthplace Petaluma, Calif.

Motor Ship } Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by.....

Cemetery ~~Crematory~~ } Catholic Cem. Sonoma

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 12.	50
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $.....Hair Dressing, $		
Dressing Body, $.....Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $.....Hose, $		
Folding Chairs, $.....Tarpaulin, $		
Candelabrum, $.....Candles, $		
Door Spray, $.....Gloves, $		
Funeral Car, $.....Ambulance, $		
Limousines to Cemetery.....@ $		
Extra Limousines.....@ $		
Autos to R. R. Station.....@ $		
Getting Remains from 1/2 = 6.25		
Taking Remains to (3)		
Trip to Coroner's Inquest 1.8.75		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Baby grave	5.	00
Cremation		
Flowers, $.....Palms, $.....Matting, $		
Rental of Tent, $....of Temporary Vault, $		
Opening of Grave or Tomb	5.	00
Lining Grave, $.....Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $.....Singers, $....Organist, $		
Railroad or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....line Death Notices in.....Papers (Names of Newspapers)		
~~Extra Work (grave)~~	~~2.50~~	
Sales Tax		20
Total Footing of Bill	$ 22.	70
Less	$	
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward		$
	By Payment	$	$	10-23-42	By Payment in full	$ 22.70	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Entered in cash book as of Nov. 1, 42. due to forgetting entry in cash book

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry..Oct..22.....19.42

Name of Deceased.....Mary Liege..... white
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence..Eldridge..... ☐Husband ☐Wife ☐Widow } .....
Charge to..Mrs. Anna Liege (Lidyoff or.....of } Age of Husband or Wife (if living).....Years

Address. 866 Wisconsin St. San Francisco 10.

Order given by.....
(or informant)

How Secured.....

If Veteran, State War...none.....

Occupation.....none.....
(Social Security Number)

Employer and Address.....

Date of Death..Oct. 22-42..... 4:45 A.M.
(Date) (Hour)

Date of Birth..Feb. 29-1924.....

Age.....18.....7.....23.....
(Years) (Months) (Days)

Date of Funeral 10-24-42 Sat. 11 A.M.
(Date) (Day of Week) (Hour)

Services at..Valley..Cemetery..only.....

Clergyman.....
(Address)

Religion of the Deceased...Prot.....

Birthplace..Los Angeles..Calif.....

Resided in the State..Life.....
(or U. S. or City or County) (Years) (Months)

Place of Death..Sonoma..State..Home.....

Cause of Death..Broncho..pneumonia.....

Contributory Causes..Cerebral..agenesis.....

.....

Certifying Physician..J. Williams.....
(or Coroner)

His Address...Eldridge..Calif.....

Name of Father..John..Liege.....

His Birthplace.....Russia.....

Maiden Name of Mother Anna Schlyoff.....

Her Birthplace.....Russia.....

Motor Ship } Remains to.....

Size of Casket.....
(State Color and Number)

Manufactured by.....

Cemetery ~~Crematory~~ } Valley Cem.....

Diagram of Lot or Vault

Lot No.....
Grave No.....
Section No.....
Block No.....
Owner.....

Complete Funeral (except outlays) ..... $		
Casket	50	—
Burial Vault or Box (State Kind)	10	—
Embalming Body + Removal (Name of Embalmer)	30	—
Barber, $.....Hair Dressing, $		
Dressing Body, $.....Underwear, $		
Suit or Dress..+ under clothing (State Kind and Color)	10	85
Slippers, $.....Hose, $		
Folding Chairs, $.....Tarpaulin, $		
Candelabrum, $.....Candles, $		
Door Spray, $.....Gloves, $		
Funeral Car, $.....Ambulance, $		
Limousines to Cemetery.....@ $		
Extra Limousines .....@ $		
Autos to R. R. Station.....@ $		
Getting Remains from..Casket 50.00		
Taking Remains to..Box 10.00		
Trip to Coroner's Inquest Undertaker 10.50		
Delivering Box to 70.50 3		
Deliver Flowers to		
Removal Charges..... 21.50		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot		
Cremation		
Flowers, $.....Palms, $.....Matting, $		
Rental of Tent, $....of Temporary Vault, $		
Opening of Grave or Tomb	10	—
Lining Grave, $.....Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $.....Singers, $....Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....line Death Notices in.....Papers (Names of Newspapers)		
Grave Marker	2	50
Sales Tax	1	50
Total Footing of Bill ..... $	114	85
Less ..... $		
Balance ..... $		

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
Entered in cash book as of Nov 1, 42 →	By Payment	$	$	10-23-42	By Payment	$ 50 —	$
due to forgetting entry in cash book.	" "	$	$	3/23/43	" "	$ 15 —	$
Statement	Feb 3 1943	$	$	7/8/43	Anna Lidyoff	$ 25 —	$
	" "	$	$	Oct 16/43	" "	$ 20	$
	" "	$	$	Nov. 8-43	" In full	$ 5 —	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct. 23 19 42

Name of Deceased Charlotte Waldo white

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Olive Ave. El Verano ☐Husband ☒Wife ☐Widow } Elijah Waldo 77 yrs.

Charge to Elijah Waldo - Olive Ave. or.....of } Age of Husband or Wife (if living).....Years

Address R.F.D. R.1. box 89 Sonoma

Order given by..... (or informant)

How Secured.....

If Veteran, State War none

Occupation Housewife none (Social Security Number)

Employer and Address.....

Date of Death 10-23-42 (Date) 10:50 A.M. (Hour)

Date of Birth May 24

Age 81 (Years) 4 (Months) 29 (Days)

Date of Funeral 10-26-42 (Date) Mon. (Day of Week) 10:30 A.M. (Hour)

Services at Chapel

Clergyman Rev. Perry - Sonoma (Address)

Religion of the Deceased Prot

Birthplace Racine Wisconsin

Resided in the State 32 yrs. in District 22 yrs. (or U. S. or City or County) (Years) (Months)

Place of Death Olive Ave - El Verano Cal

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician A. K. McGrath M.D. (or Coroner)

His Address Sonoma

Name of Father Richard Dibble

His Birthplace England

Maiden Name of Mother Johannah Johnson

Her Birthplace Norway

Motor Ship } Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by 2604/5524

Cemetery ~~Crematory~~ } Mt. Com. Sonoma

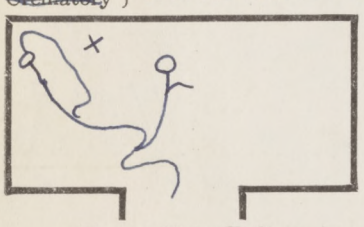

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	295 00
Casket		
Burial Vault or Box Redwood (State Kind)		150 00
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $ 1/2 = 147.50		
Funeral Car, $..... Ambulance, $ 4 = 150.00		
Limousines to Cemetery ..... @ $ 162.50		
Extra Limousines ..... @ $ 3		
Autos to R. R. Station ..... @ $ 4 8 7 50		
Getting Remains from.....		
Taking Remains to.....		
Trip to Coroner's Inquest		
Delivering Box to.....		
Deliver Flowers to ~~Cemetery~~		~~1 00~~
Removal Charges.....		
Procuring Burial Permit (State Number and District)		4 00
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		25 00
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Index Tribune		2 58
....line Death Notices in..... Papers (Names of Newspapers)		
Rev. Richard Ray		5 00
Sales Tax		4 88
Total Footing of Bill	$	351 46
Less 5% on $310	$	15 50
Balance	$	335 96

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$	Oct. 23-42	By Payment 7/8	$325 00	$
	" "	$	$	Oct. 26-42	" In full	$ 10 96	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct. 28 1942

Name of Deceased Joshua W. Gazzoli white
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1st. Street West. ☒ Husband ☐ Wife ☐ Widow of Emma Gazzoli
Age of Husband or Wife (if living) 52 Years

Charge to Emma Gazzoli

Address 1st. St. West, Sonoma.

Order given by (or informant)

How Secured

If Veteran, State War Spanish American

Occupation Retired Longshoreman (Social Security Number)

Employer and Address

Date of Death 10-28-42 (Date) 10:20 P.M. (Hour)

Date of Birth May 10 - 1872

Age 75 (Years) 5 (Months) 18 (Days)

Date of Funeral 10-31-42 (Date) Sat. (Day of Week) 2:30 P.M. (Hour)

Services at Chapel

Clergyman Father Kellar - Sonoma (Address)

Religion of the Deceased Catholic

Birthplace Switzerland

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home - 1st. Street West - Sonoma

Cause of Death Myocardial failure

Contributory Causes Coronary occlusion

Arteriosclerosis

Certifying Physician C. K. McGrath - M. D. (or Coroner)

His Address Sonoma

Name of Father John Gazzoli

His Birthplace Switzerland

Maiden Name of Mother Mary De Bernardi

Her Birthplace Switzerland

Motor / Ship } Remains to

Size of Casket 6'6" No. 46 - Cedar Tioga H. C. (State Color and Number)

Manufactured by Cal. C. Co.

Cemetery / ~~Crematory~~ } Mt. Cemetery

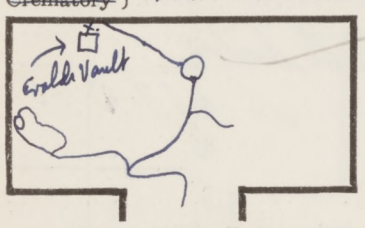

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	310.00
Casket		
Burial Vault or Box Redwood (State Kind)		15.00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ... 1/2 = 155.00		
Taking Remains to ... By ... 15.00		
Trip to Coroner's Inquest ... 170.00		
Delivering Box to ... 3		
Deliver Flowers to Cemetery ... 5 1.00.0		1.00
Removal Charges		
Procuring Burial Permit (State Number and District)		1.00
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb —		22.00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Examiner - (2 times) 13 lines 32½		8.46
line Death Notices in ..... Papers		
Index Tribune (Names of Newspapers)		2.58
Blessing		5.00
Sales Tax		5.10
Total Footing of Bill	$	370.14
Less 5% on $325	$	20.25
Balance	$	350.—

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	Nov. 2, 42	By Payment		$ 350 —
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov. 13 1942

Name of Deceased Phyliss N. Utsunomiya

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) yellow

Residence Santa Guadalupe, Cal. ☐Husband ☐Wife ☐Widow

Charge to Fisher Funeral Home or.....of

Address Casa Grande, Arizona Age of Husband or Wife (if living).....Years

Order given by ,, (or informant)

How Secured

If Veteran, State War

Occupation None

(Social Security Number)

Employer and Address

Date of Death Nov 13, 42 1:15 P.M. (Date) (Hour)

Date of Birth Aug 28, 1939

Age 3 (Years) 2 (Months) 15 (Days)

Date of Funeral ..... M. (Date) (Day of Week) (Hour)

Services at Casa Grande, Arizona

Clergyman (Address)

Religion of the Deceased

Birthplace Santa Maria, Calif.

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Eldridge

Cause of Death

Contributory Causes

Certifying Physician C. M. Pearce (or Coroner)

His Address Eldridge

Name of Father Ben Utsunomiya

His Birthplace Japan

Maiden Name of Mother Aiko Yamaki

Her Birthplace Watsonville Calif.

~~Motor~~ Ship } Remains to Fisher Funeral Home Casa Grande, Arizona

Size of Casket (State Color and Number)

Manufactured by 3/0 # 14 Wat Lmb.

Cemetery / Crematory

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket		35 —
Burial Vault or Box Gal. sealed box (State Kind)		30 —
Embalming Body (Name of Embalmer)		25 —
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from Casket 35.00		
Taking Remains to Eld. 30.00		
Trip to Coroner's Inquest 65.00		
Delivering Box to 19.50		
Deliver Flowers to		
Removal Charges from Eldridge		5 —
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service 5 Cypress		25 40
....line Death Notices in .....Papers (Names of Newspapers)		
Sales Tax None out of State Sale		
Total Footing of Bill	$	120 40
Less	$	
Balance	$	

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	Nov. 24, 42	By Payment in full	$ 120 40	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry November 16 1942

Name of Deceased Frank B. Smith White
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Sonoma ave El Verano, Calif ☐Husband ☐Wife ☐Widow } Hattie Mae
or..... .....of } Age of Husband or Wife (if living).....Years

Charge to.....

Address.....

Order given by.....
(or informant)

How Secured.....

If Veteran, State War None

Occupation Ranch Laborer None
(Social Security Number)

Employer and Address.....

Date of Death November 16, 1942 9 P.M.
(Date) (Hour)

Date of Birth Unknown

Age 72.
(Years) (Months) (Days)

Date of Funeral Nov. 20, 1942 Fri. M.
(Date) (Day of Week) (Hour)

Services at.....

Clergyman.....
(Address)

Religion of the Deceased.....

Birthplace Napa, Calif

Resided in the State Life
(or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Hemmorrhage

Contributory Causes Gastric Ulcer

.....

Certifying Physician Vernon Silvershield
(or Coroner)

His Address Santa Rosa Calif

Name of Father Charles F. Smith

His Birthplace Michigan

Maiden Name of Mother Unknown

Her Birthplace Michigan

Motor / Ship } Remains to.....

Size of Casket 6/3 - No 37 Sil Am.
(State Color and Number)

Manufactured by S. C. C.

Cemetery / Crematory } Mt. Cemetery Sonoma, Calif

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	78 29
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 1/2 = 170.00		
Taking Remains to 1/2 = 85.00		
Trip to Coroner's Inquest 15.00		
Delivering Box to 100.00		
Deliver Flowers to 3		
Removal Charges 3.00.00		
Procuring Burial Permit (State Number and District)		6 —
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		25 —
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
New Jersey		5 —
....line Death Notices in..... Papers (Names of Newspapers)		
Sales Tax		3 00
Total Footing of Bill	$	132 29
Less	$	
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$	Jan 23,43	To Balance Forward	132 29	$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov 18 1942

Name of Deceased Benjamin B. Bruskey White

☐ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence 3rd St West Sonoma ☐Husband ☐Wife ☐Widow } Dulinda 53

Charge to Mrs. Dulinda Bruskey or..... .....of } Age of Husband or Wife (if living).....Years

Sonoma Calif

Bates and Evans
Funeral Directors
SONOMA, CALIFORNIA

Nov. 18, 1942

I hereby authorize Mrs Dulinda Bruskey to take full charge and make any funeral arrangements as she wishes for the body of Benjamin B. Bruskey.

I am hereby released from any responsibility for said arrangements.

Signed J. B. Bruskey
Leonard Bruskey. Brother of Deceased

TELEPHONE 43

Complete Funeral (except outlays)	$	170
		10 00
		15 1
ind)		
	25	
mbalmer)		
ssing, $		
derwear, $		
30		10 30
nd Color)		
$		
ulin, $		
es, $		
s, $		
ance, $		
@ $	15	
@ $		
@ $		
	25	
	5	
Number and District)		
ificates No.		
sician's or Coroner's		
of Chapel, $		
	$	
Matting, $ Bowers		5 00
orary Vault, $		
ing Device, $		
Organist, $		
Aero- plane Service, $		
io Charges		
harges		
Papers		
	85.00	
pers)	15.00	
	10.00	
	11 0,13	3 00
	3 3000	$ 203 30
		$
nce		$
or below.		

Diagram of Lot or Vault Owner

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
Jan 13	By Payment Filed with pet adm.	$	$	Nov 24	By Payment Paid in full	$	$ 203 30
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov 19 19 42

Name of Deceased Marie Larbre White

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence El Verano Rural ☐Husband ☐Wife ☐Widow } Laurent Larbre 64

Charge to Laurent Larbre or..... of } Age of Husband or Wife (if living) Years

Address El Verano Rural

Order given by (or informant)

How Secured

If Veteran, State War none

Occupation Housewife none (Social Security Number)

Employer and Address

Date of Death probably Nov. 19, 1942 (Date) (Hour)

Date of Birth Unknown

Age about 64 (Years) (Months) (Days)

Date of Funeral Nov. 21, 42 (Date) Saturday (Day of Week) 10 A.M. (Hour)

Services at Catholic Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace France

Resided in the State 36 years (or U. S. or City or County) (Years) (Months)

Place of Death Creek in near Home

Cause of Death Drowning - Self Inflicted

Contributory Causes While Mentally deranged

Certifying Physician Vernon Schuerholz (or Coroner)

His Address Santa Rosa, Caly

Name of Father Unknown Ekmeravel

His Birthplace France

Maiden Name of Mother Unknown

Her Birthplace France

Motor / Ship } Remains to

Size of Casket 2604/524 (State Color and Number)

Manufactured by G. G. Co

Cemetery / Crematory } Catholic Sonoma, Caliy

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	295 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress 1 10 1 X - 30 (State Kind and Color)		10 30
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from 1/2 — 147 50		
Taking Remains to 1/2 — 15 00		
Trip to Coroner's Inquest Sent 10 00		
Delivering Box to 1 72 50		
Deliver Flowers to 3		
Removal Charges 5 1 7 50		
Procuring Burial Permit		
___Certif. Copies of Death Certificates No. ___ (State Number and District)		
Pall Bearer Service, $ ... Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot 4 graves @ 12 50		50 —
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		12 50
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / or Motor } Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Mrs		15 —
...line Death Notices in Post Papers		2 58
Dem & Rep (Names of Newspapers)		2 —
Sales Tax		4 88
Total Footing of Bill	$	407 26
Less	$	15 50
Balance	$	391 76

Entered into Ledger, page ... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$	Nov. 24, 42	By Payment in full	$ 391 76	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed ...

Witness ... Address ...

Compiled by F. J. FEINEMAN, St. Louis, Mo.

122

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov. 18 1942

Name of Deceased Benjamin B. Bruskey (What Race) White

☐ Married ☐ Single ☐ Widowed ☒ Divorced

Residence 3rd St West Sonoma ☐Husband ☐Wife ☐Widow } Dulinda 53

Charge to: Mrs. Dulinda Bruskey or..... of } Age of Husband or Wife (if living)..... Years

Sonoma, Caly

by..... (or informant)

..... (Social Security Number)

State War World War No I

Ranch Laborer

Address .....

th Nov 18, 1942 1:45 Pm (Date) (Hour)

h. Nov 27, 1888.

53 (Years) 11 (Months) 21 (Days)

eral Nov 21, (Date) Saturday (Day of Week) 1:30 P.M. (Hour)

Chapel

..... (Address)

he Deceased Catholic

San Francisco, Caly

he State Life (or U. S. or City or County) (Years) (Months)

ath Trabuco Winery 5th St west

ath Lobar Pneumonia

y Causes Fatty degeneration of

due to Chronic Alcoholism

Physician Everson Formerly M.D. Silvershield (or Coroner)

Sonoma, Caly

ther Benjamin Bruskey

ace Calaveras Co. Caly

me of Mother Emma

Caly

lace .....

ains to .....

ket 6/3 no 37 Sil. American (State Color and Number)

ed by C. C. Co.

G. G. National Cemetery San Mateo Co

Complete Funeral (except outlays)	$ 170 —
Casket	100 00
Burial Vault or Box (State Kind)	15 —
Embalming Body (Name of Embalmer)	25 —
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress 1 Blue 30 (State Kind and Color)	10 30
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ½ @ $	15 —
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from	
Taking Remains to Hearse	25
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	5 —
Procuring Burial Permit (State Number and District)	
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $ Flowers	5 00
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad or Motor Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service	
.....	
....line Death Notices in ..... Papers	
½ = 85.00	
(Names of Newspapers) Post 15.00	
Sent 10.00	
110.00	3 00
Sales Tax 3.000	
Total Footing of Bill 3.3000	$ 203 30
Less	$
Balance	$
Entered into Ledger, page .....or below.	

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Diagram of Lot or Vault

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
Jan 13 Filed with vet adm.	By Payment	$	$	Nov 24	By Payment Paid in full	$	$ 203 30
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

123

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry ...Nov... 19.19.42

Name of Deceased ...Marie Larbre... ...white...

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence ...Eld. Verano Rural... ☐Husband ☐Wife ☐Widow or ..... of ...Laurent Larbre... 64

Charge to ...Laurent Larbre... Age of Husband or Wife (if living) ..... Years

Address ...Eld. Verano Rural...

Order given by ..... (or informant)

How Secured .....

If Veteran, State War ...none...

Occupation ...Housewife... ...none... (Social Security Number)

Employer and Address .....

Date of Death ...probably Nov. 19, 1942... (Date) (Hour)

Date of Birth ...Unknown...

Age ...about 64... (Years) (Months) (Days)

Date of Funeral ...Nov. 21, 42... ...Saturday... ...10 A.M. (Date) (Day of Week) (Hour)

Services at ...Catholic Church... (Address)

Clergyman .....

Religion of the Deceased ...Catholic...

Birthplace ...France...

Resided in the State ...36 years... (or U. S. or City or County) (Years) (Months)

Place of Death ...Creek in near by Home...

Cause of Death ...Drowning - Self Inflicted...

Contributory Causes ...While Mentally deranged...

.....

~~Certifying~~ Physician ...Vernon Edmunds... (or Coroner)

His Address ...Santa Rosa, Caly...

Name of Father ...Unknown Unknown...

His Birthplace ...France...

Maiden Name of Mother ...Unknown...

Her Birthplace ...France...

Motor Ship } Remains to .....

Size of Casket ...2604/524... (State Color and Number)

Manufactured by ...G. G. Co...

Cemetery Crematory } ...Catholic Sonoma, Caly...

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$ 295	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ...10.00 1X-30... (State Kind and Color)	10	30
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ...1/2...	147	50
Taking Remains to ...1/2...	15	00
Trip to Coroner's Inquest ...Sent...	10	00
Delivering Box to	172	50
Deliver Flowers to	3	
Removal Charges	5	17 50
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot ...4 graves @ 12 50...	50	—
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	12	50
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ ..... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service ...Mass...	15	—
....line Death Notices in Local Papers	2	58
...Dem & Rep... (Names of Newspapers)	2	—
Sales Tax	4	88
Total Footing of Bill	$ 407	26
Less	$ 15	50
Balance	$ 391	76

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	Nov. 24, 42	By Payment ...In full...	$ 391 76	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry November 24 19 42

Name of Deceased Joseph J. Lareccy White
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rossi's Resort Ft. Ursus, Cal ☐Husband ☐Wife ☐Widow of..... of..... Age of Husband or Wife (if living).....Years

Charge to Monreal Funeral Directors

Address 6929 Superior Ave

Order given by Cleveland, Ohio
(or informant)

How Secured

If Veteran, State War World War No I

Occupation Retired Unknown
(Social Security Number)

Employer and Address

Date of Death Nov. 24, 1942 (Date) About 10: A.M. (Hour)

Date of Birth Unknown

Age 57 (Years) (Months) (Days)

Date of Funeral Removal to M.
(Date) (Day of Week) (Hour)

Services at Cleveland, Ohio

Clergyman
(Address)

Religion of the Deceased

Birthplace Chicago, Ill

Resided in the State
(or U. S. or City or County) (Years) (Months)

Place of Death Ft. Ursus Calif

Cause of Death Cirrhosis of Liver

Contributory Causes
Chronic Glomerulo-Nephritis

Certifying Physician Vernon Silversheild
(or Coroner)

His Address Santa Rosa, Calif

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

~~Motor~~ / ~~Ship~~ Remains to Cleveland, Ohio

Size of Casket
(State Color and Number)

Manufactured by

Cemetery / Crematory

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) Removal	$	10	00
Casket		25	00
Burial Vault or Box (State Kind)			
Embalming Body (Name of Embalmer)		25	00
Barber, $ Hermicall Sealed Hair Dressing, $ Boy		50	00
Dressing Body, $ Underwear, $			
~~Suit or Dress~~ (State Kind and Color)		11	00
Slippers, $ Hose, $			
Folding Chairs, $ Tarpaulin, $			
Candelabrum, $ Candles, $			
Door Spray, $ Gloves, $			
Funeral Car, $ Ambulance, $			
Limousines to Cemetery @ $			
Extra Limousines @ $			
Autos to R. R. Station @ $			
Getting Remains from Casket 25.00			
Taking Remains to Boy 50.00			
Trip to Coroner's Inquest Sheet 11.00			
Delivering Box to 8.6.0.3			
Deliver Flowers to			
Removal Charges 25 8.00			
Procuring Burial Permit (State Number and District)			
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)			
Pall Bearer Service, $ Use of Chapel, $			
Gross Total for Sales Tax	$		
Outlay for Lot			
Cremation			
Flowers, $ Palms, $ Matting, $			
Rental of Tent, $ of Temporary Vault, $			
Opening of Grave or Tomb			
Lining Grave, $ Lowering Device, $			
Outlay for Shipping Charges			
Clergyman, $ Singers, $ Organist, $			
Railroad or Motor Tickets, $ Aeroplane Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service			
line Death Notices in Papers			
(Names of Newspapers) Express		1.70	90
Sales Tax No Tax Out of State Sale			
Total Footing of Bill	$	291	90
Less	$		
Balance	$		

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	Nov 26	By Payment Paid in Full	$	$ 291 90
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Dec 1 1942

Name of Deceased William Smith White
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Eldridge State Home ☐Husband ☐Wife ☐Widow
or ..... of Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Chas. E. Sloan 327 Molino Ave Mill Valley Calif

Address Mill Valley Calif

Order given by 525 Market St S.F.
(or informant)

How Secured

If Veteran, State War none

Occupation none none
(Social Security Number)

Employer and Address

Date of Death Dec 1, 1942 4:20 A.M.
(Date) (Hour)

Date of Birth Sept 23 1922

Age 20 (Years) 2 (Months) 8 (Days)

Date of Funeral Dec 1, 1942 (Date) Tuesday (Day of Week) 4 P.M. (Hour)

Services at Chapel

Clergyman Priest Sonoma Cal
(Address)

Religion of the Deceased Catholic

Birthplace Oakland Calif

Resided in the State Life
(or U. S. or City or County) (Years) (Months)

Place of Death Sonoma State Home

Cause of Death Broncho Pneumonia

Contributory Causes

Idiopathic Epilepsy 16 years

Certifying Physician Pauline Degenecher
(or Coroner)

His Address Sonoma State Home

Name of Father Charles Smith

His Birthplace Nevada

Maiden Name of Mother Katherine Courtney

Her Birthplace Antioch, Calif

Motor Ship } Remains to

Size of Casket 4/6 No 14 white Lambskin
(State Color and Number)

Manufactured by

Cemetery Crematory } Catholic Cemetery Sonoma, Calif

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 115	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $ 5	7.50	
Getting Remains from 1/2 =		
Taking Remains to Bay	15.00	
Trip to Coroner's Inquest		
Delivering Box to	7.25	
Deliver Flowers to	3	
Removal Charges	21.75	
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 1 single grave	10	—
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	12	50
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Priest at chapel	3	—
....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax	2	18
Total Footing of Bill	$ 159	68
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$	Dec 1 42	To Balance Forward cash	59 68	$
	By Payment	$	$	Jan 13, 43	By Payment	$ 25 —	$
	" "	$	$	Feb 18, 43	" "	$ 25 00	$
	" "	$	$	Mar 26 43	" "	$ 15 00	$
	" "	$	$	April 14, 43	" "	$ 35 —	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec. 2 1942

Name of Deceased Robert Allen Zimmerman W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Eldridge ☐Husband ☐Wife ☐Widow } or..... of } .....

Charge to Chas. A. Zimmerman (Father) Age of Husband or Wife (if living).....Years

Address Rt. 5. Box 1311-A Modesto Calif

Order given by M. M. (or informant)

How Secured

If Veteran, State War

Occupation none (Social Security Number)

Employer and Address

Date of Death Dec. 2, 1942 (Date) 1:30 P.M. (Hour)

Date of Birth Dec. 29, 1921

Age 20 (Years) 11 (Months) 3 (Days)

Date of Funeral 12/3/42 (Date) Thurs. (Day of Week) 1:30 P.M. (Hour)

Services at Chapel

Clergyman Father Walsh (Address)

Religion of the Deceased Catholic

Birthplace Fresno, Cal.

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Eldridge

Cause of Death Cardiac Dilatation

Contributory Causes Hypertension

Mongolism

Certifying Physician Cabt read it (or Coroner)

His Address Eldridge

Name of Father Chas. A. Zimmerman

His Birthplace Stockton, Calif.

Maiden Name of Mother Ella McMahon

Her Birthplace Oakdale, Calif.

Motor / Ship } Remains to

Size of Casket 5/9 #14 Wht. Embalmed (State Color and Number)

Manufactured by S. F. C. Co.

Cemetery / Crematory } Catholic Cem., Sonoma

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	115 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Sweater, Pants & Sox (State Kind and Color)		2 83
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ½ = 57.50		
Taking Remains to Mt. 15.00		
Trip to Coroner's Inquest Clothes 2.75		
Delivering Box to 4 5, 2 5 3		
Deliver Flowers to		
Removal Charges 22 5.75		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cath. Cem. Single grave		5 —
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		10 —
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Priest at Chapel		5 —
....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		2 18
Total Footing of Bill	$	155 01
Less	$	
Balance	$	

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	Dec. 3, 42 In Full		By Payment	$ 155 —	$ —
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec 8 1942

Name of Deceased Claus Otto Andersson White
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Farrell's Resort. ☐Husband ☐Wife ☐Widow or..... .....of } Age of Husband or Wife (if living).....Years

Charge to Sonoma Co.

Address.....

Order given by V. Silvershield (or informant)

How Secured.....

If Veteran, State War Unk.

Occupation Ranch Laborer 566-01-9673 (Social Security Number)

Employer and Address Farrell's Resort.

Date of Death Dec. 8, 42 (Date) Unk (Hour)

Date of Birth Unk

Age About 62 (Years) (Months) (Days)

Date of Funeral 12/8/42 (Date) Mon. (Day of Week) 4 P.M. (Hour)

Services at Graveside (Address)

Clergyman.....

Religion of the Deceased Unk

Birthplace Stockholm, Sweden

Resided in the State Unk. (or U. S. or City or County) (Years) (Months)

Place of Death Farrell's Resort.

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Vern Silvershield (or Coroner)

His Address Santa Rosa.

Name of Father —

His Birthplace —

Maiden Name of Mother —

Her Birthplace —

Motor Ship } Remains to.....

Size of Casket 1/2 outside box used as casket (State Color and Number)
Body too badly bruised + swelled for casket

Manufactured by.....

Cemetery ~~Crematory~~ } Valley Cem.

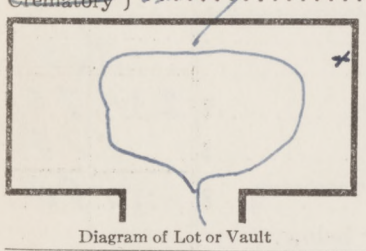

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 35	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ..... 1/2 = 17.50		
Taking Remains to 3		
Trip to Coroner's Inquest ..... ~~5.25~~ 0		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb 10.00		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....line Death Notices in..... Papers (Names of Newspapers)		
Sales Tax		5-2
Total Footing of Bill ..... $	35	5-2
Less ..... $		
Balance ..... $		
Entered into Ledger, page.....or below.		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Feb 13,43	" in full	$ 35 5-2	$
	" "	$	$		"	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. .... Yearly No. .... Date of Entry Dec 13 1942

Name of Deceased George Pollock W (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Mt. Ave. Fetters Springs ☒ Husband ☐ Wife ☐ Widow or ... of Katie Pollock

Age of Husband or Wife (if living) .... Years

Charge to Mrs Dodge (Daughter of Mrs Pollock)

Address ....

Order given by " " (or informant)

How Secured Cash.

If Veteran, State War ——

Occupation Retired Shoemaker —— (Social Security Number)

Employer and Address State Home

Date of Death Dec. 13, 1942 (Date) 9. P.M. (Hour)

Date of Birth Unk

Age 85 (Years) (Months) (Days)

Date of Funeral .... (Date) (Day of Week) (Hour) M.

Services at Chapel

Clergyman .... (Address)

Religion of the Deceased ....

Birthplace Canada.

Resided in the State ? (or U. S. or City or County) (Years) (Months)

Place of Death Mt. Ave. Fetters Springs

Cause of Death Broncopneumonia

Contributory Causes ....

Certifying Physician Dr. Newman (or Coroner)

His Address Sonoma.

Name of Father ....

His Birthplace Ireland

Maiden Name of Mother ——

Her Birthplace ——

Motor / Ship } Remains to ....

Size of Casket 6/3 #37 G. A. Crepe (State Color and Number)

Manufactured by G.M. C. Co

Cemetery / Crematory } Mt. Sonoma

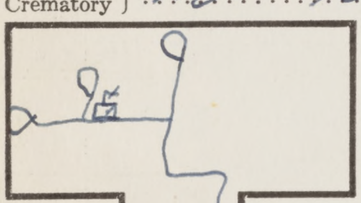

Diagram of Lot or Vault

Lot No. ....

Grave No. ....

Section No. ....

Block No. ....

Owner ....

Complete Funeral (except outlays)	$ 180	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from ½ = 90.00		
Taking Remains to B.T. 15.00		
Trip to Coroner's Inquest 105.00		
Delivering Box to 3		
Deliver Flowers to 315.00		
Removal Charges		
Procuring Burial Permit (State Number and District)	4	—
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb	28	—
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service. Telegram to N.Y.	1	97
Music by themselves	~~5~~	
... line Death Notices in Paper Papers	2	58
Minister by themselves (Names of Newspapers)		
Sales Tax	3	15
Total Footing of Bill	$ 234	70
Less	$ 9	70
Balance	$ 225	00
Entered into Ledger, page ... or below.		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	Dec. 14, 42	By Payment R. D. Ingbill	$ 225 —	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ .... Names of Lodges .... Insurance Companies ....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .... days from date. Interest to accrue from maturity at the rate of .... % per annum.

Signed ....

Witness .... Address ....

Friend + where he lived { Mrs R. L. Westrup Rt. 1 Box 285 - Sonoma

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec 24 1942

Name of Deceased Thomas E. Flynn M.

☐ Married ☒ Single ☐ Widowed ☑ Divorced (What Race)

Residence Rt. 1. Box 285 Sonoma ☐Husband ☐Wife ☐Widow } .....

Charge to Napa Aerie #161 F.O.E. Simon Say Sec. or ..... of } Age of Husband or Wife (if living).....Years

Address 2120 Brown St. Napa

Order given by Dick Cuff (or informant)

How Secured $100 Insurance

If Veteran, State War None

Occupation Retired Ranch Laborer (Social Security Number)

Employer and Address .....

Date of Death 12/24/42 (Date) 7:30 P.M. (Hour)

Date of Birth ~~Dec~~ Dec 18 1867

Age 75 (Years) — (Months) 6 (Days)

Date of Funeral 12/28/42 (Date) Mon. (Day of Week) 3 P.M. (Hour)

Services at Chapel

Clergyman Father Keller (Address)

Religion of the Deceased Catholic

Birthplace Vallejo Calif.

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Veterans Hospital Napa

Cause of Death Myocardial Failure

Contributory Causes Arteriosclerosis

.....

Certifying Physician A. K. McGrath (or Coroner)

His Address Sonoma Calif.

Name of Father Bernard Flynn

His Birthplace .....

Maiden Name of Mother Elizabeth Brennan

Her Birthplace .....

Motor Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery Crematory } Catholic Cem. Sonoma

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	80 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from Napa =		40.00
Taking Remains to Sonoma		15.00
Trip to Coroner's Inquest		5.00
Delivering Box to		
Deliver Flowers to		16.50
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Direct		5 —
....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		1 65
Total Footing of Bill	$	100 —
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Jan 1, 43	To Above Balance Kilpatrick (Kelso	$	$		To Balance Forward	$	$
to be	collected from Eagles Lodge Napa	$	$		By Payment	$	$
	" "	$	$	Jan 13 43	" In full	$	$ 100 —
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

130

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec 24 1942

Name of Deceased Calvin Jay Thomas W
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Sonoma Land Co. ☐Husband ☐Wife ☐Widow
or..... of } Age of Husband or Wife (if living).....Years

Charge to Wm Hugh Thomas

Address P.O. Box 8, Sonoma, Cal

Order given by " " "
(or informant)

How Secured Cash

If Veteran, State War —

Occupation —
(Social Security Number)

Employer and Address —

Date of Death 12/24/42 (Date) 6:30 P.M. (Hour)

Date of Birth May 3, 1942

Age 7 (Years) 7 (Months) 21 (Days)

Date of Funeral 12/26/42 (Date) Sat (Day of Week) 4 P.M. (Hour)

Services at Chapel

Clergyman Rev Perry (Address)

Religion of the Deceased Prot.

Birthplace Sonoma, Calif

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Burndale

Cause of Death

Contributory Causes

Certifying Physician A.K. McGrath (or Coroner)

His Address Sonoma

Name of Father Wm Hugh Thomas

His Birthplace Oklahoma

Maiden Name of Mother Irene Babcock

Her Birthplace Oklahoma

Motor Ship } Remains to

Size of Casket 2/6 # 14 White Embalmed (State Color and Number)

Manufactured by A.F. Co.

Cemetery Crematory } Mt. Sonoma

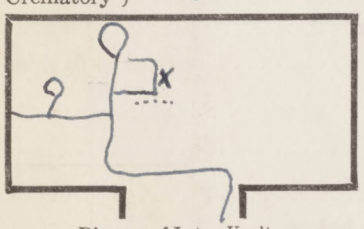

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 40	—
Casket		
Burial Vault or Box (State Kind)	none	
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from ½ = 3	20.00	
Taking Remains to		
Trip to Coroner's Inquest	6.00	
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	6	—
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb	7	50
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Rev Perry	2	50
... line Death Notices in ... Papers (Names of Newspapers)		
Sales Tax		60
Total Footing of Bill	$ 56	60
Less	$	
Balance	$	

Entered into Ledger, page ... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
2/20/44	Letter		$		To Balance Forward		$
	To Above Balance		$	Jan 2, 43	By Payment	$ 30 —	$
	By Payment	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed ...

Witness ... Address ...

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

131

Total No..... Yearly No..... Date of Entry ...Dec. 30.....1942

Name of Deceased ...Jennette Lawrence... White

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence ~~Sonoma~~ General Delivery ☐Husband ☐Wife ☐Widow of ..... William

Age of Husband or Wife (if living).....Years

Charge to ...Mrs. Bob Stanleigh.....

Address ...~~Sonoma~~.....

Order given by.....
(or informant)

How Secured.....

If Veteran, State War ...none.....

Occupation ~~Housewife~~ none
(Social Security Number)

Employer and Address .....

Date of Death ...Dec. 30, 1942 (Date) 6 a.m. (Hour)

Date of Birth ...Dec. 5, 1858.....

Age ...84. (Years) 25 (Days)
(Months)

Date of Funeral ...Dec 31, (Date) Thurs. (Day of Week) 1:30 P.M. (Hour)

Services at ...Oakland Crematorium, Oakland

Clergyman.....
(Address)

Religion of the Deceased.....

Birthplace ...Kansas.....

Resided in the State ...40... (Years) (Months)
(or U. S. or City or County)

Place of Death ...Sonoma County Hospital.....

Cause of Death ...Hyperlion heart Disease.....

Contributory Causes.....

...Senility.....

Certifying Physician ...Harding Clegg M. D.....
(or Coroner)

His Address ...816 - 4th St. Santa Rosa.....

Name of Father ...John Wood.....

His Birthplace ...Canada.....

Maiden Name of Mother ...Catherine Link.....

Her Birthplace ...Canada.....

Motor / ~~Ship~~ Remains to ...Oakland, Cal.....

Size of Casket ...No. 40-6/3 Shade 23 Sil. Deakin.....
(State Color and Number)

Manufactured by.....

~~Cemetery~~ / Crematory ...Oakland Crematorium Howe & Mather Sts. Oakland.....

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	215 00
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ~~1/2~~ = ~~2.50~~		
Taking Remains to 1/2 = 10.50		
Trip to Coroner's Inquest 3		
Delivering Box to 3 22.50		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45 00
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service ..... Flowers		10 00
.....		
....line Death Notices in ..... Papers (Names of Newspapers)		
.....		
.....		
Sales Tax		3 23
Total Footing of Bill	$	273 23
Less Courtesy Discount	$	21 50
Balance	$	251 73

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$	Jan 2 '43	To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" In full	$	$ 251 73
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

132

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry... Dec 29 ~~30~~ ...19.42

Name of Deceased Flora Nancy Neal ... White

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence El Verano, Caly ☐Husband ☐Wife ☐Widow of John M. Neal 65

Charge to John M. Neal Age of Husband or Wife (if living) Years

Address El Verano Caly Petaluma Ave

Order given by R.I.B.F. 156 - Sonoma (or informant)

How Secured

If Veteran, State War none

Occupation Housewife none (Social Security Number)

Employer and Address

Date of Death Dec 29, 1942 4:45 PM (Date) (Hour)

Date of Birth August 23, 1882

Age 60 (Years) 4 (Months) 6 (Days)

Date of Funeral Dec 31 (Date) Thurs (Day of Week) 2:30 P.M. (Hour)

Services at Chapel

Clergyman Rebecca Lodge (Address)

Religion of the Deceased

Birthplace Greenville Texas

Resided in the State 22 years (or U. S. or City or County) (Years) (Months)

Place of Death Stanford Hospital S.F.

Cause of Death Terminal Pneumonia Bronco

Contributory Causes Complete Biliary Obstruction

Possible Malignancy

Certifying Physician Dr. Howard Ranson Jr. (or Coroner)

His Address Stanford Hospital

Name of Father Jim Weaver

His Birthplace Unknown

Maiden Name of Mother Mitchener

Her Birthplace Unknown

Motor / Ship Remains to

Size of Casket 5910 #975 Sil + Gold Cascade (State Color and Number)

Manufactured by C. C. Co.

Cemetery / ~~Crematory~~ Mt Cemetery Sonoma, Caly

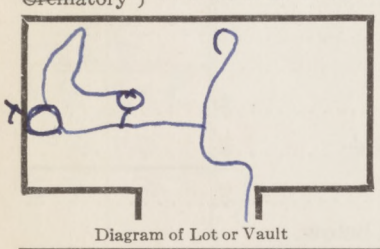

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 330	00
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from ... 1/2 = 165.00		
Taking Remains to ... Boy ... 15.00		
Trip to Coroner's Inquest ... 180.00 3		
Delivering Box to		
Deliver Flowers to ... 5,40 0 0		
Removal Charges		
Procuring Burial Permit (State Number and District)	6	00
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot ... Post markers 2@1/2	2	00
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb	28	-
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / or Motor Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
... line Death Notices in ... Papers None		
Music, furnished by Themselves (Names of Newspapers)		
Rebecca Lodge in Charge		
Sales Tax	5	40
Total Footing of Bill	$ 386	40
Less	$ 17	65 -
Balance	$ 368	75

Entered into Ledger, page ... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	Jan 2, 43	By Payment	$ 56 —	$
	" "	$	$	Jan 29, 43	" "	$ 40 —	$
	" "	$	$	Mar. 6, 43	" "	$ 40	$
	" "	$	$	Mar. 27, 43	" "	$ 232 75	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

In full

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed ...

Witness ... Address ...

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry January 4 1943

Name of Deceased David Anderson Nicol White
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 5th St West ☐Husband ☐Wife ☐Widow of Mary 5
Age of Husband or Wife (if living) 56 Years

Charge to Mary Nicol

Address 5th St West Sonoma Caly

Order given by (or informant)

How Secured

If Veteran, State War British Army War Not F.

Occupation Retired Painter None (Social Security Number)

Employer and Address

Date of Death Jan 4 1943 (Date) 1:20 PM (Hour)

Date of Birth June 25 1884

Age 58 (Years) 6 (Months) 9 (Days)

Date of Funeral Jan 6 (Date) Wed (Day of Week) 11 A.M. (Hour)

Services at Chapel

Clergyman Rev Baron Kenwood, Caly (Address)

Religion of the Deceased

Birthplace Glasgow Scotland

Resided in the State 21 years (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death 1C. Cardiac Dilitation 1 day

Contributory Causes Arteriosclerosis

Hypertention Chr. Nephritis 6 years

Certifying Physician Dr. E. J. Finnerty (or Coroner)

His Address Sonoma Caly

Name of Father John W. Nicol

His Birthplace Scotland

Maiden Name of Mother Amelia Anderson

Her Birthplace Glasgow Scotland

Motor / Ship Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory Mt. Cemetery Sonoma, Caly

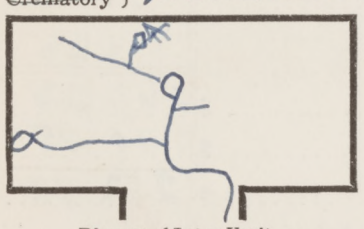

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	310 00
Casket		
Burial Vault or Box (State Kind)		15 00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from 1/2 =		15 00
Taking Remains to Ret		15 00
Trip to Coroner's Inquest		10 00
Delivering Box to		10 00
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		1 00
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Posts		4 00
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		30 00
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Posted		2 50
line Death Notices in ... Papers		
Rev Baron (Names of Newspapers)		5 00
Music furnished themselves		
Sales Tax		5 10
Total Footing of Bill	$	374 60
Less	$	16 25
Balance	$	358 43

Entered into Ledger, page ... or below.

Use this Label for Duplicate

SERIAL No. 141 ORD...

CASKET No. 46 Size 6/6

COVERING Shade 64 Cedar Tioga Caly. Casket Co.

Date		Paid	Balance
		$	$
		$	$
		$	$
		$	$
Feb 3, 43	Statement	$	$
		$	$

Date		Amount Paid	Balance
	To Balance Forward	$	$
Feb 4 43	By Payment Paid in full	358 43	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed

Witness

Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

134

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry January 4 19 43

Name of Deceased Alice E. Schreck White
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Eldridge, Caly ☐Husband ☐Wife ☐Widow } Herman 71
or.....of } Age of Husband or Wife (if living).....Years

Charge to Mrs. Herman Shreck

Address Eldridge, Caly

Order given by.....
(or informant)

How Secured.....

If Veteran, State War none

Occupation Post Mistress
(Social Security Number)

Employer and Address.....

Date of Death Jan. 4, 1943 (Date) 8:30 a.m. (Hour)

Date of Birth Dec 25, 1877

Age 66 (Years) 9 (Months) (Days)

Date of Funeral Jan 6 (Date) Wed (Day of Week) 3 P.M. (Hour)

Services at Chapel of The Chimes S.R.

Clergyman Rev. Gilmore Napa, Caly (Address)

Religion of the Deceased.....

Birthplace California

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma, Broadway

Cause of Death Coronary Occlusion

Contributory Causes Terminal Attack Coronary Arteriosclerosis, Chr. Nephritis Chr.

Certifying Physician C. B. Andrews M.D. (or Coroner)

His Address Sonoma Calif.

Name of Father William Severence

His Birthplace Unknown Maine

Maiden Name of Mother Matilda Sullivan

Her Birthplace New York

Motor Ship } Remains to.....

Size of Casket 9/3 #27 Steel Eng. (State Color and Number)

Manufactured by Cal. C. Co.

Cemetery Crematory } Chapel of the Chimes Santa Rosa

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 215	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $.....Hair Dressing, $		
Dressing Body, $.....Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $.....Hose, $		
Folding Chairs, $.....Tarpaulin, $		
Candelabrum, $.....Candles, $		
Door Spray, $.....Gloves, $		
Funeral Car, $.....Ambulance, $		
Limousines to Cemetery.....@ $		
Extra Limousines.....@ $		
Autos to R. R. Station.....@ $		
Getting Remains from 1/2 = 107.50 / 3		
Taking Remains to		
Trip to Coroner's Inquest 3,225.00		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.....Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation	45	00
Flowers, $.....Palms, $.....Matting, $		
Rental of Tent, $.....of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $.....Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $.....Singers, $.....Organist, $		
Railroad or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Rev. Gilmore. By themselves		
.....line Death Notices in.....Papers		
(Names of Newspapers)		
Sales Tax	3	23
Total Footing of Bill	$ 263	23
Less	$ 10	75
Balance	$ 252	48

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
1/7/42	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Paid in full	"	$ 252.52	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $.....Names of Lodges.....Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Jan. 5 1943

Name of Deceased Alois Anton Katzer

☒ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 5th St. West Sonoma, Calif. ☐ Husba... or....

Charge to Mrs. Marie Katzer

Address Rt. 1. Box 178 Sonoma

Order given by..... (or informant)

How Secured.....

If Veteran, State War none

Occupation Farmer none (Social Security Number)

Employer and Address.....

Date of Death Jan 5, 1943 (Date) 10:30 PM (Hour)

Date of Birth April 17, 1878

Age 64 (Years) 8 (Months) 18 (Days)

Date of Funeral Jan 8 (Date) Friday (Day of Week) 10 A.M. (Hour)

Services at St. Francis (Address)

Clergyman.....

Religion of the Deceased Catholic

Birthplace Austria

Resided in the State U.S. 36 Calif 30 (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Arteriosclerotic

Contributory Causes Myocarditis & Bronco Pneumonia

Certifying Physician Wm C. B. Andrew Newman M.D. (or Coroner)

His Address Sonoma Calif

Name of Father Alois Katzer

His Birthplace Austria

Maiden Name of Mother Unknown

Her Birthplace Austria

Motor / Ship } Remains to.....

Size of Casket No 27 Steel Eng. 3 pan. Oak (State Color and Number)

Manufactured by.....

Cemetery / Crematory } Catholic Cemetery Sonoma, Cal.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

If your Purchase is in any way Unsatisfactory, Please Report the same as all Errors will be Cheerfully Rectified.

G. H. HOTZ

DEALER IN

Dry Goods, Millinery and Furnishings

Store on Napa Street

PHONE 71- W

Sonoma, Cal., Jan 5 19 43

M Bates & Evans

Account Forwarded

Shirt 1 61

tie 50

2 11

06

2 17

28

Complete F...		
Casket....		
Burial Vaul...		
Embalming...		
Barber, $..		
Dressing B...		
Suit or Dres...		
Slippers, $..		
Folding Ch...		
Candelabru...		
Door Spray...		
Funeral Ca...		
Limousines...		
Extra Limo...		
Autos to R...		
Getting Re...		
Taking Rem...		
Trip to Cor...		
Delivering ...		
Deliver Flo...		
Removal C...		
Procuring F...		
___Certif.C...		
Pall Bearer...		
Gross Total...		
Outlay for ...		
Cremation ...		
Flowers, $..		
Rental of Tent, $....of Temporary Vault, $....		
Opening of Grave or Tomb	12	50
Lining Grave, $.....Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $.....Singers, $....Organist, $		
Railroad or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....: .....mass	15	00
....line Death Notices in.....Papers		
..... Posted (Names of Newspapers)	2	58
Sales Tax	3	00
Total Footing of Bill $	260	29
Less 5% $	10	75
Balance $	249	54

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	1-9-43	By Payment In full	$249.54	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry January 4 19 43

Name of Deceased Alice E. Schieck (What Race) White

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Eldridge, Calif

☐Husband ☐Wife ☐Widow } Herman 71
or.....of } Age of Husband or Wife (if living).....Years

Charge to Mrs. Herman Schieck

Address Eldridge, Calif

Order given by.....
(or informant)

How Secured.....

If Veteran, State War none

Occupation Post Mistress
(Social Security Number)

Employer and Address.....

Date of Death Jan. 4, 1943 (Date) 8:30 a.m. (Hour)

Date of Birth Dec. 25, 1877

Age 66 (Years) 9 (Months) (Days)

Date of Funeral Jan 6 (Date) Wed (Day of Week) 2 P.M. (Hour)

Services at Chapel of The Chimes S.R.

Clergyman Rev. Gilmore Napa, Calif (Address)

Religion of the Deceased.....

Birthplace California

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma, Broadway

Cause of Death Coronary Occlusion

Contributory Causes Terminal Attack Coronary Arteriosclerosis, Chr. Nephritis Chr.

Certifying Physician C. B. Andrews M.D.
(or Coroner)

His Address ~~Sonoma~~ Calif

Name of Father William Severence

His Birthplace Unknown Maine

Maiden Name of Mother Matilda Sullivan

Her Birthplace New York

Motor Ship } Remains to.....

Size of Casket 6/3 #27 Steel Eng.
(State Color and Number)

Manufactured by Cal. C.C.

~~Cemetery~~ Crematory } Chapel of the Chimes Santa Rosa

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	215 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 1/2 =		10.50
Taking Remains to		
Trip to Coroner's Inquest		3.22.50
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45 00
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Rev. Gilmore. By themselves.		
....line Death Notices in..... Papers		
(Names of Newspapers)		
		3 23
Sales Tax		
Total Footing of Bill	$	263 23
Less	$	10 75
Balance	$	252 48

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
1/7/42	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Paid in full	"	$ 252.52	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

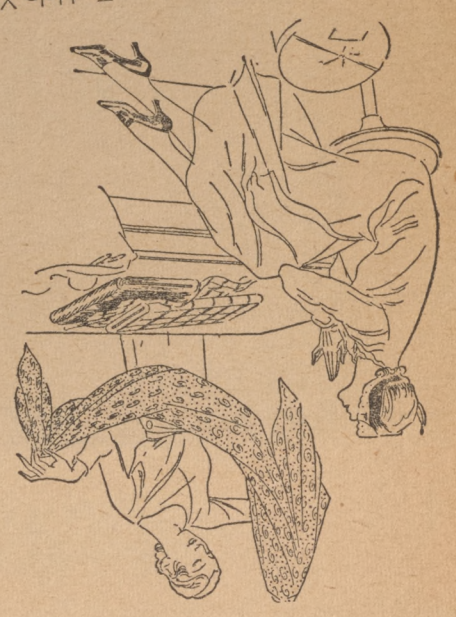
Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

REDIFORM-PACIFIC MANIFOLDING BOOK CO., INC., EMERYVILLE, CALIF.

Courteous Clerks Are Eager To Help You
Select Wisely.



Every department of our store is stocked
with the finest merchandise . . . .

RECORD OF FU

Total No..... Yearly No..... Date

Name of Deceased..Alois Anton Katzer..

☒ Married ☐ Single ☒ Widowed ☐ Divorced

Residence..5th St. West Sonoma, Caliz.. ☐Husba

Charge to..Mrs. Marie Katzer..... or....

Address..Rt.1.Bx.178...Sonoma.....

Order given by..... (or informant)

How Secured.....

If Veteran, State War...none.....

Occupation..Farmer..... none (Social Security Number)

Employer and Address .....

Date of Death...Jan 5, 1943..... 10:30PM (Date) (Hour)

Date of Birth...April 17, 1878.....

Age..... 64 (Years) 8 (Months) 18 (Days)

Date of Funeral..Jan 8.... Friday..... 10. A.M. (Date) (Day of Week) (Hour)

Services at..St. Frances.....

Clergyman..... (Address)

Religion of the Deceased..Catholic.....

Birthplace .....Austria.....

Resided in the State..U.S. 36. Caliz. 30..... (or U. S. or City or County) (Years) (Months)

Place of Death...Home.....

Cause of Death..Arteriosclerotic.....

Contributory Causes..Myocarditis &.....

..Bronco Pneumonia.....

Certifying Physician..Wm C. B. Andrewson. Wm Newman M.D. (or Coroner)

His Address..Sonoma....Caliz.....

Name of Father..Alois...Katzer.....

His Birthplace....Austria.....

Maiden Name of Mother..Unknown.....

Her Birthplace...Austria.....

Motor Ship } Remains to.....

Size of Casket No 2.7. Steel Eng. 3 pan. Ock. (State Color and Number)

Manufactured by.....

Cemetery Crematory } Catholic Cemetery Sonoma, Cal.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 200	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress ... Shirt & Tie & H (State Kind and Color)	2	21
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from ... 1/2 = 100.00	15.00	
Taking Remains to ... Post		
Trip to Coroner's Inquest Shirt & Tie	2.15	
Delivering Box to ... 117.15		
Deliver Flowers to		
Removal Charges ... 3.51.45		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot. 2 Graves @ 5.00 =	10	00
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb	12	50
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
... mass	15	00
...line Death Notices in ... Papers		
... Posted (Names of Newspapers)	2	58
	3	00
Sales Tax		
Total Footing of Bill	$ 260	29
Less ... 5%	$ 10	75
Balance	$ 249	54

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	1-9-43	By Payment In full	$249.54	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

136

RECORD OF FUNERAL

Total No. ..... Yearly No. 1 ..... Date of Entry Jan. 20 1943

Name of Deceased Sylvia Gaines ..... white (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence .....

☐ Husband ☐ Wife ☐ Widow } Clark H. Gaines
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Edward Nichols. Sec. of State

Address Institutions - Sac. Cap. State office bldg.

Order given by Edward Nichols (or informant)

How Secured (Niece) Mrs. David Potter Vallejo, Caly phone 39354

If Veteran, State War None

Occupation Nurse — Housewife (Social Security Number)

Employer and Address .....

Date of Death 1-20-43 (Date) 12:50 A.M. (Hour)

Date of Birth Feb. 22 - 1876

Age 67 (Years) 10 (Months) 28 (Days)

Date of Funeral 1-22-43 (Date) Fri. (Day of Week) 1 P.M. (Hour)

Services at Chapel

Clergyman Rev. B. F. Ray (Address)

Religion of the Deceased Pro

Birthplace Elko Nevada

Resided in the State 62 yrs. in State (or U. S. or City or County) (Years) (Months)

Place of Death Napa State Hospital

Cause of Death Chronic Myocarditis

Contributory Causes .....

.....

Certifying Physician Lena A. Miller - M.D. (or Coroner)

His Address Napa State Hospital

Name of Father W. H. Campbell

His Birthplace unknown

Maiden Name of Mother " "

Her Birthplace " "

Motor / Ship } Remains to .....

Size of Casket 37 Cm. Crepe (State Color and Number)

Manufactured by G. C. Co.

Cemetery / ~~Crematory~~ } M.t. Cem. Sonoma, Caly

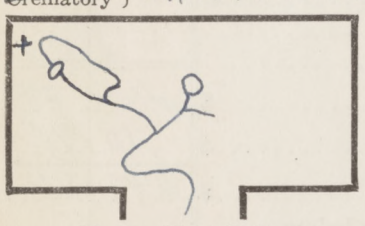


Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays) ..... $	180	00
Casket		
Burial Vault or Box ..... (State Kind)	15	
Embalming Body ..... (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ..... (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 1/2 — 90.00		
Taking Remains to Bk 15.00		
Trip to Coroner's Inquest 105.00		
Delivering Box to 3 15.00		
Deliver Flowers to 2		
Removal Charges		
Procuring Burial Permit ..... (State Number and District)	1	00
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	28	
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....		
.... line Death Notices in ..... Papers ..... (Names of Newspapers)		
.....		
.... Rev. B. F. Ray	5	00
Sales Tax	3	15
Total Footing of Bill ..... $	232	15
Less ..... $		
Balance ..... $		

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
Sent Statement to Nichols Feb 2 43			
	To Above Balance	$	$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
Oct 29, 1974	To Balance Forward		$
	By Payment	$	$
	" "	$ 232 15	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Jan. 21 1943

Name of Deceased Agnes Francis Kearney (What Race) white

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence El Verano rural

☐Husband ☐Wife ☐Widow of .....

Age of Husband or Wife (if living) ..... Years

Charge to Wm Kearney

Address Box 75 El Verano

Order given by ..... (or informant)

How Secured .....

If Veteran, State War none

Occupation House Keeper none (Social Security Number)

Employer and Address Catholic Parish

Date of Death 1-21-43 (Date) 7:30 AM (Hour)

Date of Birth Jan. 13-1865

Age 78 (Years) 0 (Months) 8 (Days)

Date of Funeral 1-23-43 (Date) Sat. (Day of Week) 10 A.M. (Hour)

Services at St. Francis Church

Clergyman Father Kellar (Address)

Religion of the Deceased Catholic

Birthplace Berkeley, Calif.

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death El Verano

Cause of Death Ac. Cardiac Dilitation

Contributory Causes Chr. Nephritis

Chr. Hypertension

Certifying Physician E. J. Finnerty M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father John Kearney

His Birthplace Ireland

Maiden Name of Mother Elizabeth Dunnigan

Her Birthplace Ireland

Motor / Ship } Remains to .....

Size of Casket 26 14/52 4 Half Couch (State Color and Number)

Manufactured by L. G. C. Co.

Cemetery / ~~Crematory~~ } Catholic

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	295 00
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ½ = 14750		
Taking Remains to Mt. 15 00		
Trip to Coroner's Inquest 162,50 3		
Delivering Box to		
Deliver Flowers to 4,87 50		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		5 —
Opening of Grave or Tomb		12 50
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Examiner 1 time		5 85
...line Death Notices in 3 Papers		
Index Tribune		2 58
Napa Register 1 time (Names of Newspapers)		2 50
Low Mass one an ~~15 00~~		4 88
Sales Tax Emily		
Total Footing of Bill	$	343 31
Less	$	31
Balance	$	312 31

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$ Jan. 27 43		By Payment	$ 312 31	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry January 22 1943

Name of Deceased Emily Cecelia Kearney (What Race) White

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence Est. Verano, Rural

☐Husband ☐Wife ☐Widow or..... .....of } Age of Husband or Wife (if living).....Years

Charge to Wm Kearney

Address Box 15 Est. Verano, Caly

Order given by..... (or informant)

How Secured.....

If Veteran, State War none

Occupation At Home none (Social Security Number)

Employer and Address.....

Date of Death Jan. 22, 1943 (Date) 2:30 A.M. (Hour)

Date of Birth Aug. 16 1874

Age 68 (Years) 5 (Months) 6 (Days)

Date of Funeral Jan 25 (Date) Monday (Day of Week) 10 A.M. (Hour)

Services at St. Francis

Clergyman..... (Address)

Religion of the Deceased Catholic

Birthplace Berkeley Caly

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Coronary Occlusion

Contributory Causes Right Coronary with Right heart failure

Certifying Physician Coroner Vernon Silvershield (or Coroner)

His Address Santa Rosa, Caly

Name of Father John Kearney

His Birthplace Ireland

Maiden Name of Mother Elizabeth Dunnigan

Her Birthplace Ireland

Motor Ship } Remains to.....

Size of Casket 260 4/524 Hall Coutch (State Color and Number)

Manufactured by G. G. Casket Co.

Cemetery Crematory } Catholic Cemetery Sonoma Caly

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Diagram of Lot or Vault

Complete Funeral (except outlays)	$	295	—
Casket			
Burial Vault or Box (State Kind)		15	—
Embalming Body (Name of Embalmer)			
Barber, $..... Hair Dressing, $			
Dressing Body, $..... Underwear, $			
Suit or Dress (State Kind and Color)			
Slippers, $..... Hose, $			
Folding Chairs, $..... Tarpaulin, $			
Candelabrum, $..... Candles, $			
Door Spray, $..... Gloves, $			
Funeral Car, $..... Ambulance, $			
Limousines to Cemetery ..... @ $			
Extra Limousines ..... @ $			
Autos to R. R. Station ..... @ $			
Getting Remains from 1/2 = 147.50			
Taking Remains to Rt 15.00			
Trip to Coroner's Inquest 162.50			
Delivering Box to			
Deliver Flowers to 4.87.50			
Removal Charges			
Procuring Burial Permit (State Number and District)			
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)			
Pall Bearer Service, $..... Use of Chapel, $			
Gross Total for Sales Tax	$		
Outlay for Lot			
Cremation			
Flowers, $..... Palms, $..... Matting, $			
Rental of Tent, $..... of Temporary Vault, $		5	—
Opening of Grave or Tomb		12	50
Lining Grave, $..... Lowering Device, $			
Outlay for Shipping Charges			
Clergyman, $..... Singers, $..... Organist, $			
Railroad or Motor } Tickets, $..... Aeroplane Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service. Examiner 2 times		12	36
Napa Registrar		2	50
...line Death Notices in..... Papers			
Index Tribune Chgs on Agnes Kearney		1	—
(Names of Newspapers) (Double Mass entered and Agnes Kearney		15	—
		4	88
Sales Tax			
Total Footing of Bill	$	363	24
Less	$	31	—
Balance	$	332	24

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
Jan 27 43	By Payment	$	$		By Payment in full	$ 332 24	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Jan 27 1943

Name of Deceased Myrtle Stuermer (What Race) white

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Boyes Springs, Boyes Ave

Charge to Walter C. Stuermer

☐Husband ☐Wife ☐Widow or..... .....of Walter G. Age of Husband or Wife (if living) 47 Years

Address R.F.D. Box 80 Sonoma, Calif

Order given by..... (or informant)

How Secured.....

If Veteran, State War None

Occupation At Home none (Social Security Number)

Employer and Address.....

Date of Death Jan 27, 1943 (Date) 8:11 A.M. (Hour)

Date of Birth Nov 19, 1895

Age 47 (Years) 2 (Months) 8 (Days)

Date of Funeral Jan 29 (Date) Friday (Day of Week) 2:30 P.M. (Hour)

Services at Chapel

Clergyman Rev. B. F. Ray Sonoma (Address)

Religion of the Deceased.....

Birthplace Oakland Calif

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death Myocardial Failure

Contributory Causes.....

Arteriosclerosis

Certifying Physician A. K. McGrath M.D (or Coroner)

His Address Sonoma Calif

Name of Father William Hardy

His Birthplace Unknown

Maiden Name of Mother Mabel McGill

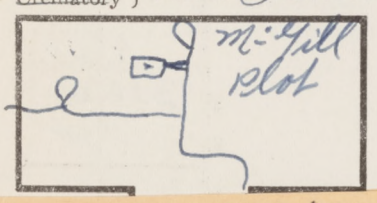
Her Birthplace Sonoma Calif

Motor / Ship } Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by.....

Cemetery / Crematory } Mt. Cemetery Sonoma, Calif



Lot No.....

Grave No.....

Section No.....

Block No.....

Complete Funeral (except outlays)	$ 380	-
Casket		
Burial Vault or Box	15	-
Embalming Body (State Kind) Underwear & Hose (Name of Embalmer)	1 90	
Barber, $..... Hair Dressing, $.....		
Dressing Body, $..... Underwear, $.....		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $.....		
Folding Chairs, $..... Tarpaulin, $.....		
Candelabrum, $..... Candles, $.....		
Door Spray, $..... Gloves, $.....		
Funeral Car, $..... Ambulance, $.....		
Limousines to Cemetery ..... @ $.....		
Extra Limousines ..... @ $.....		
Autos to R. R. Station ..... @ $.....		
Getting Remains from 1/2 = 190.00		
Taking Remains to Sonoma 15.00		
Trip to Coroner's Inquest Sonoma 1.90		
Delivering Box to 206.90 3		
Deliver Flowers to		
Removal Charges 6,207.0		
Procuring Burial Permit	4	-
(State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $.....		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $.....		
Rental of Tent, $.... of Temporary Vault, $.....		
Opening of Grave or Tomb	30	-
Lining Grave, $..... Lowering Device, $.....		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $.....		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $.....		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Undertaker Trubowe	2	58
Rev Ray	5	00
....line Death Notices in ..... Papers		
(Names of Newspapers)		
Sales Tax	6	30
Total Footing of Bill	$ 444	78
Less	$ 19	75
Balance	$ 425	03
Entered into Ledger, page .....or below.	425	03

6/3 Number 2600/538 6/23/42

tion BAL. PL. HINGED CAP HALF-COUCH CA

COV. 375 SEAFOAM PPCO.

INT. I6I8 IVORY OVER FLESH

I SET 358-3xO BUTLER EXT. HANDLES

ordered 1-28-42 " also 2 sets Pedls

					Balance	Date		Amount Paid	Balance
				$			To Balance Forward		$
				$		Jan 28, 43	By Payment	$ 400 -	$
				$		Feb 1, 43	In full	$ 25 -	$
				$			" "	$	$
				$			" "	$	$
				$			" "	$	$
				$			" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Jan 28 19 43

Name of Deceased Walter Spalding Hyd

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Sonoma Caly

Charge to Mrs. George Hyde

Address R.F.D. Box 512 Sonoma Caly

Order given by (or informant)

How Secured

If Veteran, State War none

Occupation Retired Electrical Engineer None (Social Security Number)

Employer and Address

Date of Death Jan 28, 1943 (Date) 4 PM (Hour)

Date of Birth Nov 12 1872

Age 70 (Years) 2 (Months) 16 (Days)

Date of Funeral Jan 30 (Date) Sat (Day of Week) 4 P.M. (Hour)

Services at Woodlawn Cemetery San Mateo Co.

Clergyman (Address)

Religion of the Deceased

Birthplace San Francisco Caly

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death A.C. Cardiac Dilitation

Contributory Causes Hypertention

Nephritis

Certifying Physician E. J. Finnerty M. D. (or Coroner)

His Address Sonoma Caly

Name of Father William H. Hyde

His Birthplace Lavonia New York

Maiden Name of Mother Elizabeth J. Hazen

Her Birthplace Rochester New Hampshire

Motor / Ship } Remains to

Size of Casket 6B No. 345 H.P. No 4 R. C.O.V. (State Color and Number)

Manufactured by

Cemetery / Crematory } Woodlawn Cemetery San Mateo Co.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

If your Purchase is in any way Unsatisfactory, Please Report the same as all Errors will be Cheerfully Rectified.

G. H. HOTZ

DEALER IN

Dry Goods, Millinery and Furnishings

Store on Napa Street

PHONE 71- W

Sonoma, Cal., 1-29 19 43

M Bals & Eva (Spalding)

Account Forwarded

Shirt 1 50

Tie 50

2 00

Tax 06

2 06

26

Compl		
Caske		
Burial		
Embal		
Barbe		
Dress		
Suit c		
Slippe		
Foldi		
Cand		
Door		
Fune		
Limo		
Extra		
Auto		
Getti		
Takir		
Trip		
Deliv		
Deliv		
Remo		
Procu		
___C		
Pall I		
Gross		
Outla		
Crem		
Flow		
Rental of Tent, $....of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $.....Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $.....Singers, $....Organist, $		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service....Examiner	5	40
.....Chronicle	4	50
....line Death Notices in.....Papers		
(Names of Newspapers)		
Sales Tax	4	65
Total Footing of Bill $	326	61
Less $	15	50
Balance $	311	11

Entered into Ledger, page.....or below.

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
Feb 22	43	Statement To Above Balance		$		Feb 27 43	To Balance Forward			$	
		By Payment	$	$			By Payment In full	$ 311	11	$	
		" "	$	$			" "	$		$	
		" "	$	$			" "	$		$	
		" "	$	$			" "	$		$	
		" "	$	$			" "	$		$	
		" "	$	$			" "	$		$	
		" "	$	$			" "	$		$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Jan 31 19 43

Name of Deceased Mary A. McCormick White

☑ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

Residence Glen Ellen Rural ☐Husband ☐Wife ☐Widow } Frank

or..... of } Age of Husband or Wife (if living).....Years

Charge to Mrs. Effie Hewes

Address Glen Ellen Caly

Order given by..... (or informant)

How Secured.....

If Veteran, State War None

Occupation at Home none (Social Security Number)

Employer and Address.....

Date of Death Jan 31, 1943 (Date) about 9:30 P.M. (Hour)

Date of Birth March 14, 1860

Age 82 (Years) 10 (Months) 17 (Days)

Date of Funeral Feb. 2 (Date) Tues. (Day of Week) 2 P.M. (Hour)

Services at Chapel of The Chimes D.R.

Clergyman Rev. Baron (Address)

Religion of the Deceased.....

Birthplace Minnesota

Resided in the State 37 years (or U. S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death Myocardial failure

Contributory Causes Arteriosclerosis & Hypertention Chr.

Certifying Physician C. B. Andrews M. D. (or Coroner)

His Address Sonoma, Caly

Name of Father Simeon Burch

His Birthplace unknown

Maiden Name of Mother Marie Lawson

Her Birthplace Indiana

Motor Ship } Remains to.....

Size of Casket 63 no 31 B. A. Crepe (State Color and Number)

Manufactured by.....

~~Cemetery~~ ~~Crematory~~ } Chapel of The Chimes Santa Rosa Caly

Lot No.....

Grave No.....

Section No.....

Complete Funeral (except outlays)	$	195 -
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ½ = 97.50 3		
Taking Remains to		
Trip to Coroner's Inquest ~~29.25~~		
Delivering Box to		
Deliver Flowers to 2.9250		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45 -
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Outline Death Notices in..... Papers		
Rev Baron By Themselves (Names of Newspapers)		
Sales Tax		2 93
Total Footing of Bill	$	242 93
	$	9 75
Balance	$	233 18

...o Ledger, page.....or below.

		Amount Paid	Balance
	To Balance Forward	$	$
	By Payment	$	$
43	In full	$ 233 18	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

I hereby grant Dr. Carroll B. Andrews permission to perform a Post Mortem examination on the body of my mother Mrs. Mary A. McCormick.

Signed,

Lenora M. Miller

Effie M. Hewes

Insurance .....Companies.....

...represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Witness..... Signed.....

Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

140

RECO

Total No..... Yearly No..... 43

Name of Deceased Walter Spaldin

☒ Married ☐ Single ☐ Widowed ☐

Residence Sonoma Caly

Charge to Mrs. George Hyde

Address R.F.D. Box 512 Sonoma Caly

Order given by.....
(or informant)

How Secured.....

If Veteran, State War none

Occupation Retired Electrical Engineer None
(Social Security Number)

Employer and Address.....

Date of Death Jan 28, 1943 4 P.m.
(Date) (Hour)

Date of Birth Nov 12 1872

Age 70 (Years) 2 (Months) 16 (Days)

Date of Funeral Jan 30 (Date) Sat (Day of Week) 4 P.M. (Hour)

Services at Woodlawn Cemetery San Mateo Co.

Clergyman.....
(Address)

Religion of the Deceased.....

Birthplace San Francisco Caly

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death A.C. Cardiac Dilatation

Contributory Causes Hypertention

Nephritis

Certifying Physician E. J. Finnerty M. D.
(or Coroner)

His Address Sonoma Caly

Name of Father William N. Hyde

His Birthplace Lavonia New York

Maiden Name of Mother Elizabeth J. Hazel

Her Birthplace Rochester New Hampshire

Motor Ship } Remains to.....

Size of Casket 6/3 No. 345 H.P. No. 4 R. C.O.V.
(State Color and Number)

Manufactured by.....

Cemetery Crematory } Woodlawn Cemetery San Mateo Co.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

		Years
.....	$ 310	-
C.....		
Bu... Box ..... (State Kind)		
Embalming Body ..... (Name of Embalmer)		
Barber, $..... Hair Dressing, $.....		
Dressing Body, $..... Underwear, $.....		
Suit or Dress Shirt & Tie & Sox ..... (State Kind and Color)	2	06
Slippers, $..... Hose, $.....		
Folding Chairs, $..... Tarpaulin, $.....		
Candelabrum, $..... Candles, $.....		
Door Spray, $..... Gloves, $.....		
Funeral Car, $..... Ambulance, $.....		
Limousines to Cemetery ..... @ $.....		
Extra Limousines ..... @ $.....		
Autos to R. R. Station ..... @ $.....		
Getting Remains from 1/2 = ... 155.00		
Taking Remains to Shirt & Tie 2.00		
Trip to Coroner's Inquest 157.00		
Delivering Box to		
Deliver Flowers to 47.00		
Removal Charges		
Procuring Burial Permit ..... (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's		
Pall Bearer Service, $.... Use of Chapel, $.....		
Gross Total for Sales Tax ..... $		
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $.....		
Rental of Tent, $.... of Temporary Vault, $.....		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $.....		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $.....		
Railroad or Motor } Tickets, $..... Aeroplane Service, $.....		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service.... Examiner	-5	40
..... Chronicle	4	50
....line Death Notices in..... Papers		
..... (Names of Newspapers)		
.....		
.....	4	65
Sales Tax		
Total Footing of Bill ..... $	326	61
Less ..... $	15	50
Balance ..... $	311	11

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Feb 22 '43	Statement To Above Balance		$	Feb 27 43	To Balance Forward Due full		$
	By Payment	$	$		By Payment	$ 311 11	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

I he
perm
exam
Mrs.

141

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Jan 31 1943

Name of Deceased Mary A. McCormick (What Race) white

☒ Married ☐ Single ☒ Widowed ☐ Divorced

Residence Glen Ellen Rural

☐ Husband ☐ Wife ☐ Widow } of Frank

or..... of } Age of Husband or Wife (if living).....Years

Charge to Mrs. Effie Hewes

Address Glen Ellen Caly

Order given by..... (or informant)

How Secured.....

If Veteran, State War none

Occupation at Home none (Social Security Number)

Employer and Address.....

Date of Death Jan 31, 1943 (Date) about 9:30 P.M. (Hour)

Date of Birth March 14, 1860

Age 82 (Years) 10 (Months) 17 (Days)

Date of Funeral Feb. 2 (Date) Tues. (Day of Week) 2 P.M. (Hour)

Services at Chapel of The Chimes D.R.

Clergyman Rev. Baren (Address)

Religion of the Deceased.....

Birthplace Minnesota

Resided in the State 37 years (or U.S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death Myocardial failure

Contributory Causes Arteriosclerosis & Hypertention Chr

Certifying Physician G. B. Andrews M. D. (or Coroner)

His Address Sonoma, Caly

Name of Father Simeon Burch

His Birthplace unknown

Maiden Name of Mother Marie Lawson

Her Birthplace Indiana

Motor / Ship } Remains to.....

Size of Casket 63 no 37 G.A. Crepe (State Color and Number)

Manufactured by.....

~~Cemetery~~ / ~~Crematory~~ } Chapel of The Chimes Santa Rosa Caly

Lot No.....

Grave No.....

Section No.....

Complete Funeral (except outlays)	$	195	-
Casket			
Burial Vault or Box (State Kind)			
Embalming Body (Name of Embalmer)			
Barber, $ ..... Hair Dressing, $			
Dressing Body, $ ..... Underwear, $			
Suit or Dress (State Kind and Color)			
Slippers, $ ..... Hose, $			
Folding Chairs, $ ..... Tarpaulin, $			
Candelabrum, $ ..... Candles, $			
Door Spray, $ ..... Gloves, $			
Funeral Car, $ ..... Ambulance, $			
Limousines to Cemetery ..... @ $			
Extra Limousines ..... @ $			
Autos to R. R. Station ..... @ $			
Getting Remains from ½ = 97.50 / 3			
Taking Remains to			
Trip to Coroner's Inquest ~~25.00~~			
Delivering Box to			
Deliver Flowers to 2.50			
Removal Charges			
Procuring Burial Permit (State Number and District)			
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's			
Pall Bearer Service, $ .... Use of Chapel, $			
Gross Total for Sales Tax	$		
Outlay for Lot			
Cremation		45	-
Flowers, $ ..... Palms, $ ..... Matting, $			
Rental of Tent, $ .... of Temporary Vault, $			
Opening of Grave or Tomb			
Lining Grave, $ ..... Lowering Device, $			
Outlay for Shipping Charges			
Clergyman, $ ..... Singers, $ .... Organist, $			
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service			
...line Death Notices in ..... Papers			
Rev. Baren By Themselves (Names of Newspapers)			
Sales Tax		2	93
Total Footing of Bill	$	242	93
	$	9	75
Balance	$	233	18

...o Ledger, page.....or below.

		Amount Paid		Balance	
	To Balance Forward			$	
....43	By Payment	$		$	
	In full	$ 233	18	$	
	" "	$		$	
	" "	$		$	
	" "	$		$	
	" "	$		$	
	" "	$		$	

I hereby grant Dr. Carroll B. Andrews permission to perform a Post Mortem examination on the body of my mother Mrs. Mary A. McCormick.

Signed,

Lenora M. Miller

Effie M. Hewes

.....Insurance Companies.....

...represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Witness..... Signed.....

Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

142

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Feb 1 1943

Name of Deceased Edith M. Goddard White

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 5th St West Sonoma

☐ Husband ☐ Wife ☐ Widow } Jacob H. 74
or ..... of } (Age of Husband or Wife (if living)) Years

Charge to Jacob H. Goddard

Address 5th St West Sonoma, Caly

Order given by (or informant)

How Secured

If Veteran, State War none

Occupation Housewife none (Social Security Number)

Employer and Address

Date of Death Feb 1, 1943 (Date) 11 P.M. (Hour)

Date of Birth June 25, 1870

Age 72 (Years) 8 (Months) 6 (Days)

Date of Funeral Feb 4 (Date) Thurs (Day of Week) 10 A.M. (Hour)

Services at Chapel

Clergyman Rev. Perry Sonoma, Caly (Address)

Religion of the Deceased

Birthplace Starks, Maine

Resided in the State 13 years (or U.S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Acute Dilitation

Contributory Causes Chr. myocarditis & myocardial degeneration

Certifying Physician Wm J. Newman (or Coroner)

His Address Sonoma, Caly

Name of Father Asa L. Rogers

His Birthplace Mercer, Maine

Maiden Name of Mother Abbie W. Young

Her Birthplace Smithfield, Maine

Motor / Ship } Remains to

Size of Casket 6/3 #27 Steel Eng 30 in. ash (State Color and Number)

Manufactured by Cal. C. Co.

Cemetery / Crematory } Chapel of the Chimes Santa Rosa, Caly

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	215 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from 1/2 = 107.50 3		
Taking Remains to 3 225.00		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45 —
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / or Motor } Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
...		
... line Death Notices in ... Papers (Names of Newspapers)		
...		3 23
Sales Tax		
Total Footing of Bill	$	263 23
Less	$	10 75
Balance	$	252 48

Entered into Ledger, page ... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward		$
	By Payment	$	$ Feb 22, 43		By Payment	$ 252 48	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ... Names of Lodges ... Insurance Companies ...

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed ...

Witness ... Address ...

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Feb 4 1943

Name of Deceased Gertrude Alice Turnbull (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 260 Bodega Ave. Sebastopol ☐ Husband ☐ Wife ☒ Widow of Richard Turnbull

Charge to Alice J. Hickey Age of Husband or Wife (if living) ..... Years

Address 210 Baker St. S.R. Co.

Order given by Alice J. Hickey (or informant) Mrs Margaret Hickey (administratrix)

How Secured 860 East St. Petaluma Cal

If Veteran, State War ——

Occupation At Home

(Social Security Number)

Employer and Address .....

Date of Death Feb 4, 43 (Date) 5 P.M. (Hour)

Date of Birth Nov 6, 1876

Age 66 (Years) 2 (Months) 28 (Days)

Date of Funeral 2/6/43 (Date) Sat (Day of Week) 10 A.M. (Hour)

Services at St. Frances

Clergyman ..... (Address)

Religion of the Deceased .....

Birthplace U.S. Calif.

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Palm Drive Hospital Sebt

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Dr Vierra (or Coroner)

His Address Sebastopol

Name of Father Hugh Curran

His Birthplace Ireland

Maiden Name of Mother Margaret Hickey

Her Birthplace Ireland

Motor Ship } Remains to .....

Size of Casket #23 Lil Doeskin (State Color and Number)

Manufactured by C.C.Co.

Cemetery Crematory } Mt. Cem. Sonoma

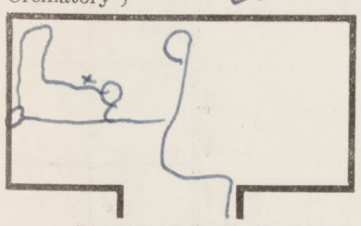


Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$ 220	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ..... 1/2 = 110.00		
Taking Remains to ..... 1/2 = 15.00		
Trip to Coroner's Inquest 125.00		
Delivering Box to		
Deliver Flowers to ..... 5 - 3 ..... 37.50	8	—
Removal Charges		
Procuring Burial Permit (State Number and District)	4	—
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	22	—
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service ..... Extra cars.	15	—
..... Mass	15	—
....line Death Notices in Portal Papers (Names of Newspapers)	2	58
Sales Tax	3	30
Total Footing of Bill	$ 305	88
Less	$ ~~11 25~~	
Balance	$ ~~293~~ 293	13

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Feb 6,	To Above Balance Statement	$	$		To Balance Forward	$	$
April 8, 1943	By Payment Left with Trustead	$	$ Mar 10, 43		By Payment	$ 305 33	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

144

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Feb 5 1943

Name of Deceased Roy Lee Griffin M.

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence .....

☐Husband ☐Wife ☐Widow or ..... of } .....

Age of Husband or Wife (if living) ..... Years

Charge to Everett L. Griffin

Address R.D. #2 Box 709 Sonoma

Order given by ..... (or informant)

How Secured .....

If Veteran, State War —

Occupation — (Social Security Number)

Employer and Address —

Date of Death Feb. 5, 43 (Date) 2:50 P.M. (Hour)

Date of Birth Feb. 3, 43

Age 2 (Years) (Months) (Days)

Date of Funeral 2/6/43 (Date) Sat (Day of Week) 2:0 P.M. (Hour)

Services at Graveside

Clergyman Rev Perry (Address)

Religion of the Deceased Prot.

Birthplace Sonoma, Calif.

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Burndale

Cause of Death Generalized Peritonitis

Contributory Causes Rupture of Colon

Certifying Physician V. Silverschild (or Coroner)

His Address Santa Rosa

Name of Father Everett L. Griffin

His Birthplace Oklahoma

Maiden Name of Mother Ruby Mae Boyd

Her Birthplace Oklahoma

Motor Ship } Remains to .....

Size of Casket 3/0 #14 Wht. Linen (State Color and Number)

Manufactured by U.F.C.Co.

Cemetery Crematory } Mt. Sonoma

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	15 —
Casket		
Burial Vault or Box (State Kind)		8 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ½ — 7.50		
Taking Remains to Cem. 8.00		
Trip to Coroner's Inquest 15.50		
Delivering Box to 3.50		
Deliver Flowers to 4.65		
Removal Charges		2 50
Procuring Burial Permit (State Number and District)		1 —
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $X ... Palms, $ ... Matting, $		2 00
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		7 50
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev Perry		2 50
....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		47
Total Footing of Bill	$	38 97
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	Feb 6 '43	By Payment In full	$	$ 38 97
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

145

Total No..... Yearly No..... Date of Entry... Feb. 5 ...1943

Name of Deceased.. Ellen Andrews. ..white
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence.. Oakland, Cal. ☐Husband ☐Wife ☒Widow } John Andrews.
or.....of } Age of Husband or Wife (if living).....Years

Charge to Mrs. Nellie I. La Duke

Address 5723 Princeton St. Oakland Cal

Order given by.... Above
(or informant)

How Secured.....

If Veteran, State War... none

Occupation..... At home ..... none
(Social Security Number)

Employer and Address .....

Date of Death..... 2-9-43 ..... 12:55 AM
(Date) (Hour)

Date of Birth... April 22 ... 1866

Age..... 76 ..... 9 17
(Years) (Months) (Days)

Date of Funeral 2-11-43 ..... Thurs. ..... 2 ..... P. M.
(Date) (Day of Week) (Hour)

Services at... Chapel

Clergyman.. Mrs. E. A. James
(Address)

Religion of the Deceased. Christian Science

Birthplace .... Australia

Resided in the State.. 36 yrs.
(or U. S. or City or County) (Years) (Months)

Place of Death. Highland Hospital

Cause of Death Arterio sclerotic Myocarditis

Contributory Causes. + Nephritis

Cerebral arterio sclerosis + Generalized Arterio sclerosis

Certifying Physician.. A. Lyle Winslow
(or Coroner)

His Address 5750 Foothill Blvd. Oakland Cal.

Name of Father Edward Stephens

His Birthplace.... England

Maiden Name of Mother. Elizabeth Lockett

Her Birthplace. Cornwall, England

Motor / Ship } Remains to .....

Size of Casket #5910 .. Sil + Gold Cascade
(State Color and Number)

Manufactured by. Cloth #975 ... C. C. Co.

Cemetery / ~~Crematory~~ } Mt. Em.

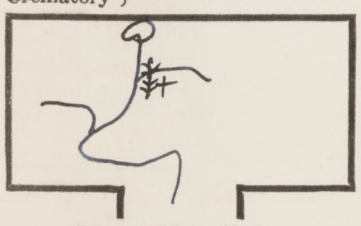


Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 330	00
Casket		
Burial Vault or Box (State Kind)	15	00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from ... 1/2 = 165.00		
Taking Remains to ... Bt. 15.00		
Trip to Coroner's Inquest ... 1 80.00 3		
Delivering Box to		
Deliver Flowers to ... 5,40.00		
Removal Charges		
Procuring Burial Permit (State Number and District)	10	00
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot .. 3 Pts.	3	00
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	25	00
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ✓ ... Organist, $	5	00
Railroad / or Motor } Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Extra grave marker for John Andrews	2	50
... line Death Notices in ... Papers		
(Names of Newspapers)		
Science Reader	5	00
Sales Tax	5	40
Total Footing of Bill	$ 400	90
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
Statement	Above Balance Mar. 11, 43	$	$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward	$	$
2-9-43	By Payment	$ 90. 50	$
2-10-43	" "	$ 19 —	$
2-20-43	" "	$ 71 25	$
4-25-43	" "	$ 41 15	$
5/24/43	" "	$ 10 —	$
5/30/43	" "	$ 15 —	$
6/30/43	" "	$ 30 —	$
8/3/43		$ 30 —	
8/30/43		$ 42 —	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within 10/11/43 days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed.....

Witness.....

Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

146

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry...February 14....19.43

Name of Deceased..Doris M. Shetler..... white.....
(What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence..401- 2nd St. East Sonoma.... ☐Husband ☐Wife ☐Widow } Arthur 64
or.....of } Age of Husband or Wife (if living).....Years

Charge to..Arthur Shetler.....

Address..401- 2nd St. East Sonoma.....

Order given by.....
(or informant)

How Secured.....

If Veteran, State War.....none -.....

Occupation..Housewife..... none -
(Social Security Number)

Employer and Address.....

Date of Death..Feb. 14, 1943..... 2:45 PM.
(Date) (Hour)

Date of Birth..Aug. 2, 1881.....

Age.....61..... 6..... 12.....
(Years) (Months) (Days)

Date of Funeral..Feb 16.... Tuesday.... 10:30 A.M.
(Date) (Day of Week) (Hour)

Services at..Chapel.....

Clergyman..Mrs. Snyder Christian Science.....
(Address)

Religion of the Deceased.....

Birthplace..Sonoma, Caliy.....

Resided in the State..Lyfe.....
(or U. S. or City or County) (Years) (Months)

Place of Death...Home.....

Cause of Death..Coronary Thrombosis.....

Contributory Causes..Arteriosclerotic Coronary.....
disease & myocarditis & Hypertention.....

Certifying Physician..C. B. Andrews M.D.....
(or Coroner)

His Address..Sonoma, Caliy.....

Name of Father...J. F. E. Cleive.....

His Birthplace....Germany.....

Maiden Name of Mother..Marie Luensch.....

Her Birthplace...Germany.....

Motor Ship } Remains to.....

Size of Casket.....
(State Color and Number)

Manufactured by.....

Cemetery Crematory } Chapel of Chimes, S. Road.

Lot No.....

Grave No.....

Section No.....

Block No.....

...er.....

Complete Funeral (except outlays)	$ 310	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $.....Hair Dressing, $		
Dressing Body, $.....Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $.....Hose, $		
Folding Chairs, $.....Tarpaulin, $		
Candelabrum, $.....Candles, $		
Door Spray, $.....Gloves, $		
Funeral Car, $.....Ambulance, $		
Limousines to Cemetery.....@ $		
Extra Limousines.....@ $		
Autos to R. R. Station.....@ $		
Getting Remains from.....½ = 155.00		
Taking Remains to..... 3		
Trip to Coroner's Inquest.....4,65.00		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation...+ Return ashes, Postage	45	50
Flowers, $.....Palms, $.....Matting, $		
Rental of Tent, $....of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $.....Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $.....Singers, $....Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
....line Death Notices in.....Papers (Names of Newspapers)		
Sales Tax	4	65
Total Footing of Bill	$ 360	15
Less	$	
Balance	$	

Entered into Ledger, page.....or below.

Casket No. 345 HP
Size 6/3

Covering #238

Description 749 Bface
Pebble Panel & Rd Pillow
Lined Stanwyx Pillow Set
353 3x0 Spt Handles

For BATES & EVANS

2/17/43 statement taken by mis Holt

Date		Amount Paid	Balance
	To Balance Forward	$	$
Aug 7 43	By Payment Jan Feb	$ 360 15	$
	" "	$	$
	" "	$	$
7/16/43	Statement at request of Mrs Holt.		
	To Dr. Arthur Shetler, % Clifford Shetler		
	445 - So. Central, Glendale, Calif.,		
	" "	$	$

Insurance Companies.....

...icient resources Legally available to.....
(Firm Name of Funeral Directors.)

...he same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness.....

Address.....

Filed: May 17, 43 A.K.G.

E. Cleve Atty

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Feb 14 1943

Name of Deceased Genevra Brooks Archer White
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 2029-15th St S.F. ☐Husband ☐Wife ☐Widow
or..... of } Age of Husband or Wife (if living).....Years

Charge to William J. Archer

Address 2029- 15th St S.F.

Order given by..... (or informant)

How Secured.....

If Veteran, State War none

Occupation Housewife none (Social Security Number)

Employer and Address.....

Date of Death Feb 14 1943 10:30 P.M. (Date) (Hour)

Date of Birth April 11 1875

Age ~~67~~ 67 (Years) 10 (Months) 3 (Days)

Date of Funeral Feb 17 Wed 11 A.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Mrs Snyder Reader (Address)

Religion of the Deceased Christian Science

Birthplace Sullivan Co. New York

Resided in the State 35 years (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Coma due Severe Chronic

Contributory Causes Jaundice - Inforn

Condition -

Certifying Physician B. J. Rohlfes (or Coroner)

His Address 870 Market St. S.F.

Name of Father James Ruder Knight

His Birthplace New York.

Maiden Name of Mother Jane Decker

Her Birthplace New York

Motor Ship } Remains to.....

Size of Casket 2604/5247 1/2 Ch. (State Color and Number)

Manufactured by G.G. Co.

Cemetery Crematory } Mt. Sonoma

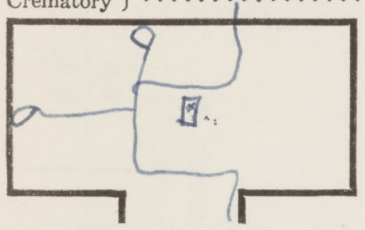


Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	395 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $ ½ = 14.50		
Door Spray, $ ..... Gloves, $ .04		15.00
Funeral Car, $ ..... Ambulance, $		162.50
Limousines to Cemetery ..... @ $		3
Extra Limousines ..... @ $		487.50
Autos to R. R. Station ..... @ $		
Getting Remains from San Francisco		20 —
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit S.F. 1 - Cemetery 1 (State Number and District)		2 —
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		28
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Reader (Mrs E.A. James		5 —
....line Death Notices in ..... Papers		
Call Bulletin (Names of Newspapers)		300
Sales Tax		4 88
Total Footing of Bill	$	372 88
Less 16.50 (30 days)	$	16 50
Balance	$	356 38

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Took Statement	To Above Balance Feb 17 43	$	$		To Balance Forward	$	$
	By Payment	$	$	Feb 20 43	By Payment Dan Full	$	$ 356 38
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

TELEPHONE 43

Bates and Evans

Funeral Directors

SONOMA, CALIFORNIA

Feb.15,1943

Authorization is hereby granted Dr. William Newman to perform an autopsy on the remains of Jeanette Grooms(Deceased) Permission is also granted that he may keep the heart for a continued investigation.

Signed Mrs. Bertha Grooms (mother)
Relation to deceased.....

Signed Mr. Charles Grooms Father
Relation to deceased.....

Contributory Causes. Glomerular.....
Congented Cardiac defect.....
Certifying Physician. Wm J. Newman M.D. (or Coroner)
His Address. Sonoma Caly
Name of Father. Charles F. Grooms
His Birthplace. Walds, Wisconsin
Maiden Name of Mother. Bertha Lewis
Her Birthplace. Sonoma, Caly
Motor / Ship } Remains to .....
Size of Casket. 3/6 #14 Wht Linsken (State Color and Number)
Manufactured by. A-F-C-Co
Cemetery / Crematory } Mt. Cemetery Sonoma Caly

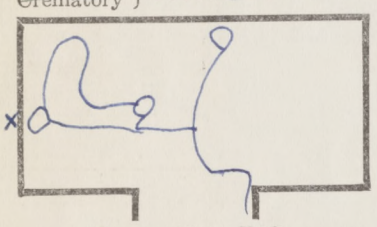


Diagram of Lot or Vault

Lot No.....
Grave No.....
Section No.....
Block No.....
Owner.....

Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		7 50
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev. Ray		5 —
line Death Notices in ... Papers Mrs. Grunstead (Names of Newspapers)		5 —
Sales Tax		75
Total Footing of Bill	$	74 25
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Feb 17,43	" Infull	$ 74 25	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Feb 20 1943

Name of Deceased John Patrick O'Neal White
☐ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

Residence Agua Caliente ☐Husband ☐Wife ☐Widow } Unknown
or.....of } Age of Husband or Wife (if living).....Years

Charge to.....

Address.....

Order given by.....
(or informant)

How Secured.....

If Veteran, State War None

Occupation Laborer Unknown
(Social Security Number)

Employer and Address.....

Date of Death Found Feb 20 1943
(Date) (Hour)

Date of Birth Feb 7 1900

Age 43 13
(Years) (Months) (Days)

Date of Funeral Burial 2/22 Mon 1 P.M.
(Date) (Day of Week) (Hour)

Services at.....

Clergyman.....
(Address)

Religion of the Deceased.....

Birthplace Unknown

Resided in the State Unknown
(or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Creek El Verano

Cause of Death Drowning

Contributory Causes.....

.....

Certifying Physician Coroner Vernon Silvershield
(or Coroner)

His Address Santa Rosa, Calif.

Name of Father Unknown

His Birthplace Unknown

Maiden Name of Mother Unknown

Her Birthplace Unknown

Motor Ship } Remains to.....

Size of Casket County Burial
(State Color and Number)

Manufactured by.....

Cemetery Crematory } Valley Cemetery Sonoma, Calif.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 35	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $.....Hair Dressing, $		
Dressing Body, $.....Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $.....Hose, $		
Folding Chairs, $.....Tarpaulin, $		
Candelabrum, $.....Candles, $		
Door Spray, $.....Gloves, $		
Funeral Car, $.....Ambulance, $		
Limousines to Cemetery.....@ $		
Extra Limousines.....@ $		
Autos to R. R. Station.....@ $		
Getting Remains from 1/2 = 17.50		
Taking Remains to		
Trip to Coroner's Inquest 5.25.00		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No.		
Pall Bearer Service, $.... Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $.....Palms, $.....Matting, $		
Rental of Tent, $....of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $.....Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $.....Singers, $....Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....line Death Notices in.....Papers (Names of Newspapers)		
Sales Tax		52
Total Footing of Bill	$ 35	52
Less	$	
Balance	$	

Entered into Ledger. page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
2/24 43	To Above Balance Mateo Sciaroni & Co. Auditor	$	$		To Balance Forward		$
	By Payment	$	$	March 10	By Payment Full	$ 35 52	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Name of Deceased Jeanette Grooms (White) (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 3 park ave Fetters Springs - ☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Charles F. Grooms

Address P. O Box 717 - Sonoma. Caly

Order given by ..... (or informant)

How Secured .....

If Veteran, State War none

Occupation none (Social Security Number)

Employer and Address .....

Date of Death Feb. 15 (Date) 3:30 Pm. (Hour)

Date of Birth Oct. 29. 1942

Age 3 (Years) 16 (Months) (Days)

Date of Funeral Feb. 16 (Date) Tue (Day of Week) 2 P.M. (Hour)

Services at Chapel Burial Wed. 1 P.M.

Clergyman Rev. B. F. Ray Sonoma (Address)

Religion of the Deceased .....

Birthplace Fetters Springs Caly

Resided in the State dye (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Nephritis (Acute) Subacute

Contributory Causes. Glomerular

Congented Cardiac defect

Certifying Physician Wm J. Newman M.D. (or Coroner)

His Address Sonoma Caly

Name of Father Charles F. Grooms

His Birthplace Waldo, Wisconsin

Maiden Name of Mother Bertha Lewis

Her Birthplace Sonoma, Caly

Motor Ship } Remains to .....

Size of Casket 3/6 #14 Mkt Linsken (State Color and Number)

Manufactured by A-F-C-Co

Cemetery Crematory } Mt. Cemetery Sonoma Caly

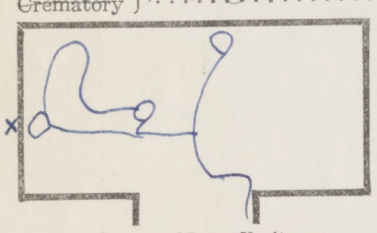


Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	50 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ..... 1/2 = 25.00 3		
Taking Remains to 7.50 0		
Trip to Coroner's Inquest 1		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		6 —
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		1 50
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev. ~~Ray~~ Ray		5 —
... line Death Notices in ... Papers Mrs. Grunstead (Names of Newspapers)		5 —
		75
Sales Tax		
Total Footing of Bill	$	74 25
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Feb 17,43	" In full	$ 74 25	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

149

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Feb 20 1943

Name of Deceased John Patrick O'Neal White
☐ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

Residence Agua Caliente ☐Husband ☐Wife ☐Widow } Unknown
or..... of } Age of Husband or Wife (if living).....Years

Charge to .....

Address.....

Order given by.....
(or informant)

How Secured.....

If Veteran, State War None

Occupation Laborer Unknown
(Social Security Number)

Employer and Address .....

Date of Death Found Feb 20 1943
(Date) (Hour)

Date of Birth Feb 7 1900

Age 43 (Years) 13 (Months) (Days)

Date of Funeral Burial 2/22 Mon 1 P.M.
(Date) (Day of Week) (Hour)

Services at .....

Clergyman.....
(Address)

Religion of the Deceased.....

Birthplace Unknown

Resided in the State Unknown
(or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Creek El Verano

Cause of Death: Drowning

Contributory Causes.....

.....

Certifying Physician Coroner Vernon Silvershield
(or Coroner)

His Address Santa Rosa, Calif.

Name of Father Unknown

His Birthplace Unknown

Maiden Name of Mother Unknown

Her Birthplace Unknown

Motor Ship } Remains to .....

Size of Casket County Burial
(State Color and Number)

Manufactured by.....

Cemetery Crematory } Valley Cemetery Sonoma, Calif.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 35	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 1/2 17.50		
Taking Remains to		
Trip to Coroner's Inquest 5.25		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $ ..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....		
....line Death Notices in ..... Papers (Names of Newspapers)		
.....		
.....		52
Sales Tax		
Total Footing of Bill	$ 35	52
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
2/24/43	To Above Balance Mate Jackson Co. Auditor	$	$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
March 10	By Payment Jud	$ 35 52	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

150

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Feb. 27 1943

Name of Deceased Melvin A. Phelps white
☐ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence Trinity Road, Glen Ellen ☐Husband ☐Wife ☐Widow } Mary Holmes –
or..... of } Age of Husband or Wife (if living)..... Years

Charge to Mrs. J. J. O'Kane

Address Mt. Hebron, Calif. P.O. Box 45

Order given by..... (or informant)

How Secured.....

If Veteran, State War none

Occupation Rancher none (Social Security Number)

Employer and Address.....

Date of Death 2-27-43 (Date) 5:30 (Hour) A.M.

Date of Birth Aug. 23 - 1862

Age 81 (Years) 6 (Months) 4 (Days)

Date of Funeral 3-2-43 (Date) Tues. (Day of Week) 2 P. M. (Hour)

Services at Chapel

Clergyman Rev. Edward Perry - Sonoma (Address)

Religion of the Deceased Prot.

Birthplace Pennsylvania

Resided in the State 40 yrs. (or U. S. or City or County) (Years) (Months)

Place of Death Co. Hospital, Santa Rosa

Cause of Death Debility - Cerebral Vascular

Contributory Causes accident - Hypertensive cardio vascular disease - Advanced senility

Certifying Physician John E. Libby M.D. (or Coroner)

His Address Sonoma Co. Hospital

Name of Father Charles W. Phelps

His Birthplace Penn.

Maiden Name of Mother Catherine Whitaker

Her Birthplace Penn.

Motor Ship } Remains to.....

Size of Casket No. 13 Black Crepe (State Color and Number)

Manufactured by.....

Cemetery ~~Crematory~~ } Mt. Cem. Sonoma

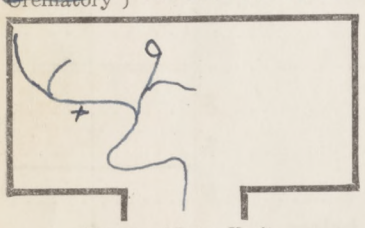


Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	145 –
Casket		
Burial Vault or Box (State Kind)		15 –
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress 5 suit (State Kind and Color)		10 30
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ½ 72.50		
Taking Remains to ½ 15.00		
Trip to Coroner's Inquest 10.00		
Delivering Box to Suit		
Deliver Flowers to 97.50		
Removal Charges 292.50		
Procuring Burial Permit (State Number and District)		6 –
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		35 –
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
....line Death Notices in ..... Papers		
Index Tribune (Names of Newspapers)		2 58
Rev. Edward Perry		5 –
Mrs. A. R. Grinstead		5 –
Sales Tax		2 63
Total Footing of Bill	$	226 51
Less	$	8 50
Balance	$	218 01

Entered into Ledger, page..... or below.

Date		Amount Paid	Balance
2/20/44	Letter - To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
Mar. 1, 43	Payment	$ 150 –	$
Mar 2, 43	" "	$ 25 –	$
April 17, 43	" "	$ 10 –	$
June 30 43	" "	$ 15 –	$
April 12 44	" "	$ 18 08	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry March 4 1943

Name of Deceased Mary Adelaide Tate White

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 418 - 2nd St East. ☐Husband ☐Wife ☐Widow } James F Tate 72

or.....of } Age of Husband or Wife (if living).....Years

Charge to James F. Tate

Address 418 - 2nd St East

Order given by..... (or informant)

How Secured.....

If Veteran, State War None

Occupation Housewife None (Social Security Number)

Employer and Address.....

Date of Death March 4 1943 8:10 A.M. (Date) (Hour)

Date of Birth July 8 1870

Age 72 (Years) 5 (Months) 26 (Days)

Date of Funeral..... (Date) (Day of Week) (Hour) M.

Services at Chapel

Clergyman..... (Address)

Religion of the Deceased.....

Birthplace San Francisco Calif

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death Myocardial failure

Contributory Causes Cancer of Cervix

.....

Certifying Physician A. K. McGrath M.D. (or Coroner)

His Address Sonoma, Calif

Name of Father Dominic Gaspar

His Birthplace Ireland

Maiden Name of Mother Catherine Ryan

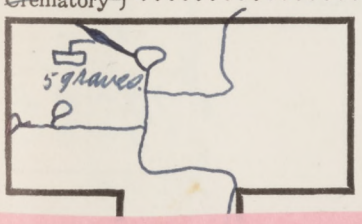
Her Birthplace Ireland

Motor / Ship } Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by.....

Cemetery / Crematory } Mt. Cemetery Sonoma, Calif



Lot No.....

Grave No.....

Section No.....

Block No.....

Complete Funeral (except outlays)	$	330 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $ ~~7.~~ ~~7.~~ Underwear, $		10 30
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $ —		
Autos to R. R. Station ..... @ $		
Getting Remains from ~~Ind~~ 1/2 = 165.00		
Taking Remains to ~~Ind~~ Mill 15.00		
Trip to Coroner's Inquest ~~Ind~~ Grass 10.00		
Delivering Box to ~~Ind~~ 19.00.00 3		
Deliver Flowers to ~~Ind~~ 5.7.00.00		
Removal Charges ~~Ind~~ 5.7		
Procuring Burial Permit (State Number and District)		1 —
___Certif. Copies of Death Certificates No.___		
Pall Bearer Service, $.... Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot H. Scott		4 —
Cremation		
Flowers, $ 1 - 5 Palms, $ 1 - 12 Matting, $		17 —
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		28 —
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Mass		15 —
.....line Death Notices in Portland Papers		2 55
Examiner (Names of Newspapers)		3 58
Sales Tax		5 40
Total Footing of Bill	$	433 86
Less 25 % courtesy	$	88 75
Balance	$	345 11
Entered into Ledger. page ..... or below.		12 —

CASKET No. 5910 Size 6/3 Date

Cal C. Co

COVERING Shade #975 Silver & Gold

Date		Balance		Date		Amount Paid		Balance	
		$			To Balance Forward			$	
		$		Mch 15 1943	By Payment in full	$ 333	11	$	
	" "	$			" "	$		$	
	" "	$			" "	$		$	
	" "	$			" "	$		$	
	" "	$			" "	$		$	
	" "	$			" "	$		$	
	" "	$			" "	$		$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

152

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry March 9 1943

Name of Deceased Catherine Bacigalupi

☒ Married ☐ Single ☐ Widowed ☒ Divorced

Residence Agua Caliente, Caly ☐ Husband or.....

Charge to Antone P. Bacigalupi

Address Rt 43 Agua Caliente

Order given by (or informant)

How Secured

If Veteran, State War none

Occupation Housewife none (Social Security Number)

Employer and Address

Date of Death March 9 1943 (Date) 1:30 A.M. (Hour)

Date of Birth Jan 21, 1887

Age 56 (Years) 1 (Months) 18 (Days)

Date of Funeral March 11 (Date) Thurs. (Day of Week) 10 A.M. (Hour)

Services at St. Francis Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace San Francisco, Caly

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death 4175 Withers Rd. Carneros Dist

Cause of Death Cancer of head of pancreas

Contributory Causes

Certifying Physician Dr. Joseph Dooy (or Coroner)

His Address Gordon Bldg Napa, Caly

Name of Father Angelo Oneto

His Birthplace Genoa, Italy

Maiden Name of Mother Rosie Carla

Her Birthplace Genoa, Italy

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Catholic Cemetery Sonoma Caly

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Fu

Casket.....

Burial Vault

Embalming

Barber, $...

Dressing Boo

Suit or Dress

Slippers, $...

Folding Chai

Candelabrum

Door Spray,

Funeral Car,

Limousines t

Extra Limou

Autos to R.

Getting Rem

Taking Rem

Trip to Coro

Delivering B

Deliver Flow

Removal Ch

Procuring Bu

Certif.Co

Pall Bearer S

Gross Total

Outlay for L

Cremation..

Flowers, $..

Rental of Tent, $....of Temporary Vault, $	
Opening of Grave or Tomb	12 50
Lining Grave, $.....Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $.....Singers, $....Organist, $	
Railroad or Motor } Tickets, $..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service	
Examiner	4 50
....line Death Notices in.....Papers	
Posted	2 58
(Names of Newspapers) Mass	15 —
	3
Sales Tax	6 08
Total Footing of Bill $	193 94
Less $	23 94
Balance $	430 —

Entered into Ledger, page.....or below.

If your Purchase is in any way Unsatisfactory, Please Report the same as all Errors will be Cheerfully Rectified.

G. H. HOTZ

DEALER IN

Dry Goods, Millinery and Furnishings

Store on Napa Street

PHONE 71- W Sonoma, Cal., Mar 9 1943

M Annie Evans

Account Forwarded		
1 slip		1 25
1 vest		75
1 Hose		59
1 pantie		59
	3 98	
+	10	
	3 28	
Chg		
1		

Saw cut body end

Casket No. 9618

Size 6/6

Covering #272

Description Chinelle Fringe on Overlay
Banner of Stanwyx-Flesh Trim
SR B & BP
11800 3x1 AS Handles

Date		Amount Paid	Balance
	To Balance Forward		$
Mar 13 43	By Payment Full	$ 430 —	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

153

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry March 10 19 43

Name of Deceased Axel Lindstrom White

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence R.7. D Bx 320 B. Sonoma ☐Husband ☐Wife ☐Widow } Naima Lindstrom 64

or..... of } Age of Husband or Wife (if living) Years

Charge to Mrs. Naima Lindstrom

Address R.7 D. Bx 320 B Sonoma Caly

Order given by..... (or informant)

How Secured.....

If Veteran, State War None

Occupation Retired Ferry Captain none (Social Security Number)

Employer and Address.....

Date of Death March 10 1943 12:10 A.M. (Date) (Hour)

Date of Birth July 29 1874

Age 68 (Years) 7 (Months) 11 (Days)

Date of Funeral March 13 Sat. 2 P.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman..... (Address)

Religion of the Deceased.....

Birthplace Finland

Resided in the State 40 years (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Carcinoma of prostate

Contributory Causes With liver & Lung Metases

Certifying Physician Wm J Newman M.D. (or Coroner)

His Address Sonoma, Caly

Name of Father Unknown Lindstrom

His Birthplace Finland

Maiden Name of Mother Edla Wickstrom

Her Birthplace Finland

Motor Ship } Remains to.....

Size of Casket #27 Eng. Steel Crepe (State Color and Number)

Manufactured by Caly Casket Co.

Cemetery Crematory } Mt. Cemetery Sonoma, Caly

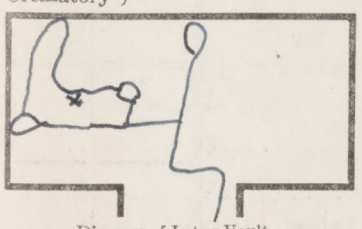


Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 200	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 1/2 =	100. -	
Taking Remains to Bx	15. -	
Trip to Coroner's Inquest	115.00 3	
Delivering Box to		
Deliver Flowers to	3.45 00	
Removal Charges		
Procuring Burial Permit (State Number and District)	6	-
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $	25	
Opening of Grave or Tomb		-
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Examiner	4	03
....line Death Notices in..... Papers (Names of Newspapers)		
Sales Tax	3	45
Total Footing of Bill	$ 256.	48
Less Cash discount	$ 10	75
Balance	$ 245	73

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance
3/20/43	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
3-27-43	By Payment in full	245.73	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

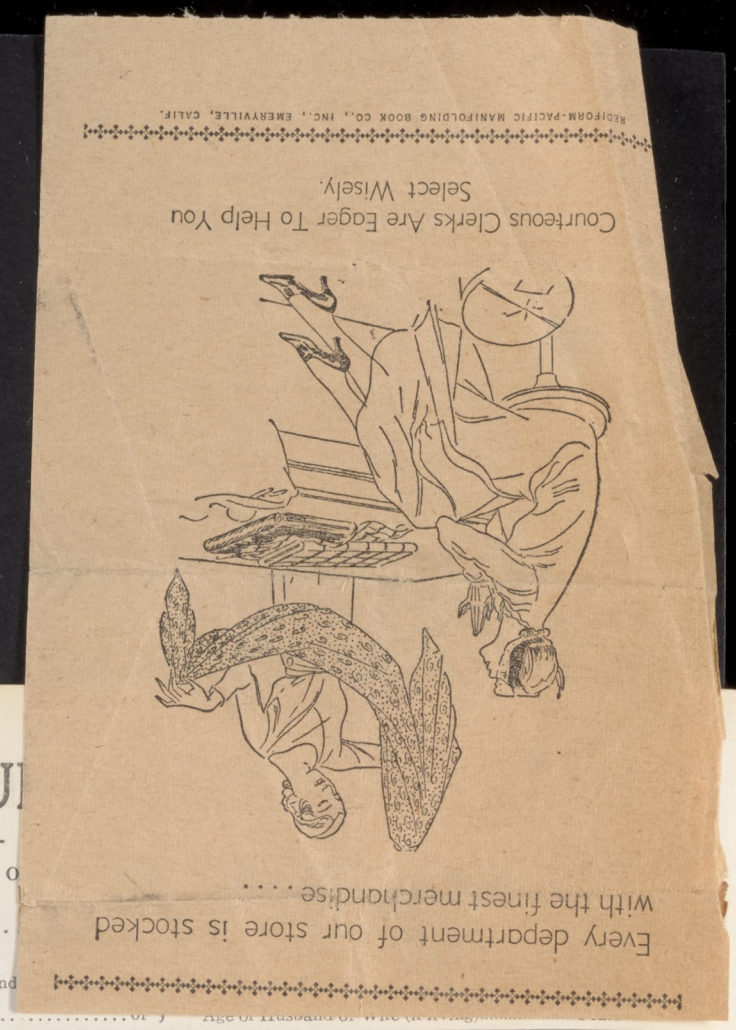
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.



152

RECORD OF FU

Total No..... Yearly No..... Date o

Name of Deceased Catherine Bacigalupi

☒ Married ☐ Single ☐ Widowed ☒ Divorced

Residence Agua Caliente, Caly ☐ Husband

Charge to Antone P. Bacigalupi or.....

Address Rt. 43 Agua Caliente -

Order given by..... (or informant)

How Secured.....

If Veteran, State War none

Occupation Housewife none (Social Security Number)

Employer and Address.....

Date of Death March 9 1943 1:30 A.M. (Date) (Hour)

Date of Birth Jan. 21, 1887

Age 56 (Years) 1 (Months) 18 (Days)

Date of Funeral March 11 Thurs. 10 A.M. (Date) (Day of Week) (Hour)

Services at St. Francis Church

Clergyman..... (Address)

Religion of the Deceased Catholic

Birthplace San Francisco, Caly

Resided in the State Life (or U.S. or City or County) (Years) (Months)

Place of Death 4175 Witherell St. Carneros Dist

Cause of Death Cancer of head of pancreas

Contributory Causes.....

.....

Certifying Physician Dr. Joseph Dooy (or Coroner)

His Address Gordon Bldg. Napa, Caly

Name of Father Angelo Oneto

His Birthplace Genoa, Italy

Maiden Name of Mother Rosie Carla

Her Birthplace Genoa, Italy

Motor / Ship } Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by.....

Cemetery / Crematory } Catholic Cemetery Sonoma Caly -

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 375	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress Clothing & Hat (State Kind and Color)	3	28
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 1/2 = 187.50		
Taking Remains to Bay 15.00		
Trip to Coroner's Inquest Clothing 3.25		
Delivering Box to 205.75		
Deliver Flowers to 3		
Removal Charges		
Procuring Burial Permit 61725 (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 2 Graves @ 10.00	20	—
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb	12	50
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad / or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Examiner	4	50
.....line Death Notices in ..... Papers		
posted (Names of Newspapers)	2	58
Mass	15	—
	3	
	6	08
Sales Tax		
Total Footing of Bill	$ 453	94
Less	$ 23	94
Balance	$ 430	—

Entered into Ledger, page.....or below.

Saw cut body end

Casket No. 9618

Size 6/6

Covering #272

Description Chinelle Fringe on Overlay
Banner of Stanwyx-Flesh Trim
SR B & BP
11800 3x1 AS Handles

Date		Amount Paid	Balance
	To Balance Forward		$
Mar 13 '43	By Payment Prefall	$ 430 —	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

153

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry March 10 19 43

Name of Deceased Axel Lindstrom White

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence R.7. D Bx 320 B. Sonoma ☐Husband ☐Wife ☐Widow } Naima Lindstrom 64 -
or..... of } Age of Husband or Wife (if living)..... Years

Charge to Mrs. Naima Lindstrom

Address R.7 D. Bx 320 B Sonoma Calif

Order given by..... (or informant)

How Secured.....

If Veteran, State War None

Occupation Retired Ferry Captain none (Social Security Number)

Employer and Address.....

Date of Death March 10, 1943. (Date) 12:10 A.M. (Hour)

Date of Birth July 29 - 1874

Age 68 (Years) 7 (Months) 11 (Days)

Date of Funeral March 13 (Date) Sat. (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman..... (Address)

Religion of the Deceased.....

Birthplace Finland

Resided in the State 40 years (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Carcinoma of prostate

Contributory Causes With liver & Lung Metases -

Certifying Physician Wm J. Newman M. D. (or Coroner)

His Address Sonoma, Calif

Name of Father Unknown Lindstrom

His Birthplace Finland

Maiden Name of Mother Edla Wickstrom

Her Birthplace Finland -

Motor Ship } Remains to.....

Size of Casket #27 Eng. Steel Crepe (State Color and Number)

Manufactured by Calif Casket Co.

Cemetery Crematory } Mt. Cemetery Sonoma, Calif

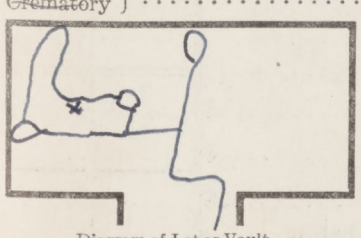


Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	200 -
Casket		
Burial Vault or Box (State Kind)		15 -
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ..... 1/2 =		100. -
Taking Remains to ..... 1/2 =		15. -
Trip to Coroner's Inquest		115.00 3
Delivering Box to		
Deliver Flowers to		3.45.00
Removal Charges		
Procuring Burial Permit (State Number and District)		6 -
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		25 -
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Examiner		4 03
....line Death Notices in..... Papers (Names of Newspapers)		
Sales Tax		3 45
Total Footing of Bill	$	256. 48
Less. Cash discount	$	10 75
Balance	$	245. 73

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance
3/20/43	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
3-27-43	By Payment in full	245.73	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

154

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry March 14 19 43

Name of Deceased Baston Loyd Harris White

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence R.F.D. Box 129 ☐Husband ☐Wife ☐Widow or..... of } Unknown

Charge to County Age of Husband or Wife (if living).....Years

Address Glen Ellen

Order given by (or informant)

How Secured

If Veteran, State War none

Occupation Ranch Laborer 536-18-5813 (Social Security Number)

Employer and Address Mrs. D. S. Jarvis Box 129

Date of Death March 14 (Date) Unk. (Hour)

Date of Birth Unknown

Age 51 (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour) M.

Services at

Clergyman (Address)

Religion of the Deceased

Birthplace Iowa

Resided in the State Unknown (or U. S. or City or County) (Years) (Months)

Place of Death R.F.D. Box 129 Highway 12

Cause of Death Myocardial Failure

Contributory Causes Alcoholism

Certifying Physician Dr. A. K. McGrath (or Coroner)

His Address Sonoma, Caly

Name of Father Unknown

His Birthplace Unknown

Maiden Name of Mother Unknown

Her Birthplace Unknown

Motor Ship } Remains to

Size of Casket 6/3 China (State Color and Number)

Manufactured by

~~Cemetery~~ ~~Crematory~~ } Valley Cemetery Sonoma, Caly

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	35 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ½ = 17.50 3		
Taking Remains to ~~52.50~~		
Trip to Coroner's Inquest 52.50		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		52
Total Footing of Bill	$	35 52
Less	$	
Balance	$	
Entered into Ledger, page .....or below.		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Left With	Silversheild To Above Balance 3/20/43	$	$	April 12	To Balance Forward	$	$
	By Payment	$	$		By Payment in full	$	$ 35 52
	Chauncy M. Harris						
	Rt. 1 Box 336						
	Fair Oaks, Calif						
	Sacramento, County						

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

155

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry ...March 22 ...19 43

Name of Deceased ..Peter Hansen.. White

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence ..El Verano Rural.. ☐Husband ☐Wife ☐Widow } Emma Hansen 74

Charge to ..Emma Hansen. or..... .....of } Age of Husband or Wife (if living).....Years

Address ..El Verano Rural Craig ave.

Order given by..... (or informant)

How Secured.....

If Veteran, State War ..none.

Occupation ..Farmer.. none (Social Security Number)

Employer and Address .....

Date of Death ..March 22 1943 (Date) 10:15 P.M. (Hour)

Date of Birth ..Feb 23, 1869.

Age ..74 (Years) ..29. (Months) (Days)

Date of Funeral ..March 25. (Date) Thurs. (Day of Week) 2 P.M. (Hour)

Services at ..Chapel

Clergyman ..Rev Perry.. Sonoma (Address)

Religion of the Deceased.....

Birthplace ..Denmark.

Resided in the State ..57 years. (or U. S. or City or County) (Years) (Months)

Place of Death ..Home.

Cause of Death ..Cardiac decompensation

Contributory Causes ..Chronic Myocardia Cancer of Stomach Resectable

Certifying Physician ..Wm J Newman M.D (or Coroner)

His Address ..Sonoma.. Caliz

Name of Father ..Peter Hansen

His Birthplace ..Denmark.

Maiden Name of Mother ..Catherine Hansen

Her Birthplace ..Denmark.

Motor Ship } Remains to .....

Size of Casket ..6/3 Silver Metalic H.P. (State Color and Number)

Manufactured by ..San Francisco Casket Co.

Cemetery Crematory } ..Mt. Cemetery Sonoma, Caliz

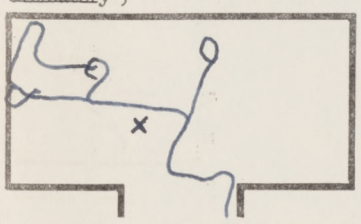


Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	583 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ½ = 291.50		
Taking Remains to 15.00		
Trip to Coroner's Inquest 306.50		
Delivering Box to 3		
Deliver Flowers to		
Removal Charges 9.19.50		
Procuring Burial Permit (State Number and District)		6 —
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		32 —
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Rev. Perry		5 00
....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		8 75
Total Footing of Bill 90	$	649 75
Less Cash discount 2.9 =	$	29 90
Balance	$	619 85

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
3/22/43	Statement To Above Balance		$	April 5	To Balance Forward	$	$
	By Payment	$	$		By Payment Paid in full	$ 619 85	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

156

Linda Marie

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 6 1943

Name of Deceased Infant Daughter of Fred A. Ellis White
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence.....
☐Husband ☐Wife ☐Widow or..... of } Age of Husband or Wife (if living).....Years

Charge to Fred A. Ellis

Address 226 Gardner St. Vallejo, Calif

Order given by..... (or informant)

How Secured.....

If Veteran, State War.....

Occupation Infant (Social Security Number)

Employer and Address.....

Date of Death April 6, 1943 (Date) 11:30 A.M. (Hour)

Date of Birth April 5, 1943

Age 12 hours (Years) (Months) (Days)

Date of Funeral April 9. Friday (Date) (Day of Week) (Hour) M.

Services at Chapel of the Chimes

Clergyman..... (Address)

Religion of the Deceased.....

Birthplace Burndale Hospital

Resided in the State Life (or U.S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death premature

Contributory Causes.....

.....

Certifying Physician A. K. McGrath (or Coroner)

His Address Sonoma, Calif

Name of Father Fred A. Ellis

His Birthplace Edgewood, Iowa

Maiden Name of Mother Elizabeth Norris

Her Birthplace Toronto, Canada

Motor Ship } Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by.....

~~Cemetery~~ Crematory } Chapel of the Chimes Santa Rosa

Ashes buried in Valley Cemetery

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	25 00
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to Santa Rosa		15 00
Trip to Coroner's Inquest 1/2 = 12.50		
Delivering Box to 25.00		
Deliver Flowers to masker 15.00 3		
Removal Charges no Bill 145.00		
Procuring Burial Permit (State Number and District)		50 ✕
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		10 —
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Express		60
.....line Death Notices in..... Papers		
Press Democrat (Names of Newspapers)		2 50
Grave marker		2 50
Sales Tax		38
~~$~~ ~~40~~ ~~38~~ Total Footing of Bill	$	56 48
Less	$	
Balance	$	
Entered into Ledger, page.....or below.		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
April 8 43	By Payment	$	$		By Payment	$	$ 56 48
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 11 1943

Name of Deceased James Lewis Tyler (What Race) W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 506 Donner Ave - Sonoma ☐Husband ☐Wife ☐Widow of ..... Anna E. Age of Husband or Wife (if living) 63 Years

Charge to Anna E. Tyler

Address 506 Donner Ave Sonoma

Order given by ..... (or informant)

How Secured .....

If Veteran, State War none

Occupation Retired Farmer (Social Security Number) none

Employer and Address .....

Date of Death April 11, 1943 (Date) 7:55 P.M. (Hour)

Date of Birth Feb. 12, 1875

Age 68 (Years) 1 (Months) 29 (Days)

Date of Funeral April 13 (Date) Tue (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev Perry Sonoma (Address)

Religion of the Deceased .....

Birthplace Illinois

Resided in the State 48 years (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Broncho-pneumonia - bilateral

Contributory Causes Myocarditis Chronic arteriosclerosis Cerebral marked

Certifying Physician Wm J. Newman (or Coroner)

His Address Sonoma Calif.

Name of Father John Tyler

His Birthplace Unknown

Maiden Name of Mother Rebecca Treft

Her Birthplace Unknown

Motor / Ship } Remains to .....

Size of Casket 6/3 No 13 - Trough Steele A. (State Color and Number)

Manufactured by S. F. Casket Co.

Cemetery / ~~Crematory~~ } Mt. Cemetery Sonoma, Calif.

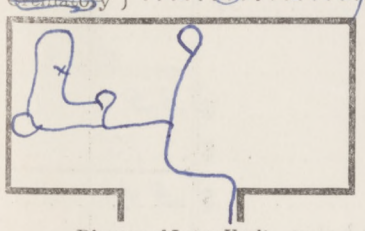


Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	145 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 1/2 = 7.50		
Taking Remains to 1/2 15.00		
Trip to Coroner's Inquest 8.7.50 3		
Delivering Box to		
Deliver Flowers to 26.25 0		
Removal Charges		
Procuring Burial Permit (State Number and District)		1 —
___Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 4 post @ 1.00		4 —
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		25 00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ ..... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Certified Copy Death Certificate		1 00
....line Death Notices in ..... Papers		*
Rev Perry (Names of Newspapers)		5 00
Index Tribune		2 58
Sales Tax		2 63
Total Footing of Bill	$	201 21
Less 8.00 30 days	$	8
Balance	$	193 21

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	May 11 43	By Payment	$ 193 21	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

158

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 12 1943

Name of Deceased Lilla A. Lovett W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Boyes Springs Caly ☐Husband ☐Wife ☐Widow } Walter

or..... of } Age of Husband or Wife (if living).....Years

Charge to Mrs. Marion Baker

Address Woodleaf Store Boyes Springs

Order given by..... (or informant)

How Secured.....

If Veteran, State War none

Occupation At Home none (Social Security Number)

Employer and Address.....

Date of Death April 12 1943 (Date) 2 AM (Hour)

Date of Birth Oct 7, 1870

Age 72 (Years) 6 (Months) 5 (Days)

Date of Funeral April 13 (Date) Tuesday (Day of Week) 2:30 P.M. (Hour)

Services at Chapel

Clergyman Rev. Perry Sonoma (Address)

Religion of the Deceased.....

Birthplace Augusta, Maine

Resided in the State 23 years (or U. S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death Carcinoma 4

Contributory Causes.... Stomach D.

.....

Certifying Physician Carroll B. Andrews M.D. (or Coroner)

His Address Sonoma Caly

Name of Father Isaiah Hudson

His Birthplace Unknown

Maiden Name of Mother Catherine Smith

Her Birthplace Unknown

Motor Ship } Remains to.....

Size of Casket 2604/524 - half Couch (State Color and Number)

Manufactured by G. G. Casket Co.

Cemetery Crematory } Mt. Cemetery Sonoma, Caly

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 295	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 1/2 — 14.50		
Taking Remains to 1/2 — 15.00		
Trip to Coroner's Inquest 1/2 — 16.25		
Delivering Box to		
Deliver Flowers to 4.87 1/2		
Removal Charges		
Procuring Burial Permit (State Number and District)	4	-
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb	28	00
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service.....		
Rev. Perry	5	00
....line Death Notices in..... Papers		
Mrs. Brinstead Singer (Names of Newspapers)	5	00
Sales Tax	4	88
Total Footing of Bill	$ 356	88
Less 15% 30 days	$ 15	50
Balance	$ 341	38

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$	In full May 10, 1943		$	$ 341 38
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry ..April.. 13 ..19 43

Name of Deceased ..Cora Doss.. ☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race) ..White..

Residence ..Schellville.. ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..Oliver R. Doss.. Years

Charge to ..Roy Dixon..

Address ..Cottage Grove, Oregon..

Order given by ..... (or informant)

How Secured .....

If Veteran, State War .....

Occupation ..Innkeeper.. ..none.. (Social Security Number)

Employer and Address .....

Date of Death ..April 13, 1943.. (Date) ..10:30 A.M.. (Hour)

Date of Birth ..Jan 2 1892..

Age ..51.. (Years) ..3.. (Months) ..11.. (Days)

Date of Funeral ..April 15, Thurs.. (Date) (Day of Week) ..10:30 AM.. (Hour)

Services at ..C. chapel..

Clergyman ..Rev. Perry.. ..Sonoma, Cal.. (Address)

Religion of the Deceased .....

Birthplace ..Potlatch, Idaho..

Resided in the State ..13 years.. (or U. S. or City or County) (Years) (Months)

Place of Death ..Burndale Hospital..

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician ..C. B. Andrews M.D.. (or Coroner)

His Address ..Sonoma, Cal..

Name of Father ..John Dixon..

His Birthplace ..Missouri..

Maiden Name of Mother ..Julia Lyon..

Her Birthplace ..Kansas..

Motor / Ship Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery / Crematory ..G. H. Nat. Cemetery San Bruno, Cal..

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	330 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to ..San Francisco..		25 00
Trip to Coroner's Inquest ..extra car.. 165.00		
Delivering Box to ..1/2 = .. 15.00		
Deliver Flowers to ..1/4 = .. 180.00		
Removal Charges ..3.. 5,400		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
..Paid Index..		2 50
....line Death Notices in Argus Papers		2 25
..Rev Perry.. (Names of Newspapers)		10 00
..Singer Mrs Grinstead..		5 00
Sales Tax		5 40
Total Footing of Bill	$	395 23
Less	$	17 25
Balance	$	377 98

Entered into Ledger, page .....or below.

9479
6/3

Order No.
Date 3/17/43

#72

Bizon of Orange Marvel
Whipped Cream Velvet
5500 3x0 Butler & Goldtone Hand

Filed 5/17/43 A.R.G.

Balance	Date		Amount Paid	Balance
$		To Balance Forward		$
$	May 9 43	By Payment	$ 377 98	$
$		" "	$	$
$		" "	$	$
$		" "	$	$
$		" "	$	$
$		" "	$	$
$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Witness ..... Signed .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

160

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry April 24 1943

Name of Deceased Mamie Seaberg (What Race) W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Vineburg ☐Husband ☐Wife ☐Widow } of Alex Seaberg

Charge to Mrs. Sorensen (Step daughter) Age of Husband or Wife (if living) ..... Years

Address R.F.

Order given by ..... (or informant)

How Secured Cash

If Veteran, State War —

Occupation Housework (Social Security Number)

Employer and Address

Date of Death April 24, 43 (Date) 2:45 P.M. (Hour)

Date of Birth Mar. 21, 1877

Age 66 (Years) 1 (Months) 3 (Days)

Date of Funeral 4/26/43 (Date) Mon (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev. Berry (Address)

Religion of the Deceased

Birthplace New York

Resided in the State 64 (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co. Hospital

Cause of Death Arterioscl. Heart Disease

Contributory Causes .....

.....

Certifying Physician S. Johnson M.D. (or Coroner)

His Address Sonoma Co. Hospital

Name of Father Elisha Delahaef

His Birthplace France

Maiden Name of Mother Lizzie Lapham

Her Birthplace Iowa

Motor / Ship } Remains to .....

Size of Casket 6/3 A.C. Cor. China (State Color and Number)

Manufactured by .....

Cemetery / Crematory } Mt. Sonoma

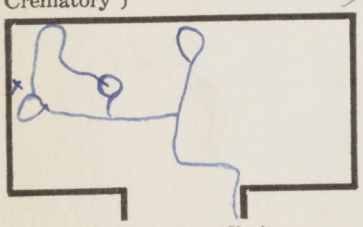


Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$ 85 —
Casket	
Burial Vault or Box (State Kind)	15 —
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $ 4.2.50	
Getting Remains from ... 15.00	
Taking Remains to ... 8 7.5.3	
Trip to Coroner's Inquest 1.7.8.5.0	
Delivering Box to	
Deliver Flowers to ... 4 Parks	4 —
Removal Charges	
Procuring Burial Permit (State Number and District)	6 —
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	28 —
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad or Motor } Tickets, $ ..... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service	
..... Rev. Berry	5 —
....line Death Notices in Post Papers	2.58
(Names of Newspapers)	
Sales Tax	1.73
Total Footing of Bill	$ 147.31
Less	$
Balance	$

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	April 24 43	By Payment In full	$ 147 31	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 2 1943

Name of Deceased Baby Walther Daughter of Lyle H. Walther White
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Glen Ellen ☐Husband ☐Wife ☐Widow
Charge to Lyle H. Walther or.....of
Address Glen Ellen, Caly Age of Husband or Wife (if living).....Years

Order given by.....
(or informant)

How Secured.....

If Veteran, State War.....

Occupation None None
(Social Security Number)

Employer and Address.....

Date of Death May 2, 1943 6 A.M.
(Date) (Hour)

Date of Birth May 2, 1943

Age premature Infant Stillborn
(Years) (Months) (Days)

Date of Funeral Burial May 3, 1943 M.
(Date) (Day of Week) (Hour)

Services at.....

Clergyman.....
(Address)

Religion of the Deceased.....

Birthplace Napa Caly

Resided in the State Life
(or U. S. or City or County) (Years) (Months)

Place of Death Victory Hospital

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician C. B. Andrews M.D.
(or Coroner)

His Address Sonoma Caly

Name of Father Lyle H. Walther

His Birthplace Dunsmuir Caly

Maiden Name of Mother Edris Davidson

Her Birthplace Wisconsin

Motor Ship } Remains to.....

Size of Casket 3/0 white Emb. stillborn
(State Color and Number)

Manufactured by.....

Cemetery Crematory } Valley Cemetery Sonoma, Caly

Diagram of Lot or Vault

Lot No.....
Grave No.....
Section No.....
Block No.....
Owner.....

Complete Funeral (except outlays)	$	20 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from 1/2 = 10.00		
Taking Remains to 3		
Trip to Coroner's Inquest 13.00		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		5 —
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
...		
...line Death Notices in ... Papers (Names of Newspapers)		
...		
...		
Sales Tax		
Total Footing of Bill	$	25 00
Less	$	
Balance	$	

Entered into Ledger, page ... or below.

Date			Amount Paid		Balance		Date			Amount Paid		Balance	
June 1	'43	To Above Balance			$				To Balance Forward			$	
6/20/44		By Payment	$		$		May	2 1943	By Payment	$ 10		$	
2/14/45		" "	$		$		March	5 1945	"	$ 5		$	
6/27/45		Letter " "	$		$				" "	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 9 19 43

Name of Deceased John Stafford Burke (What Race) White

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Rt 1 Bx 503 A - Sonoma, Caly

☐ Husband ☐ Wife ☐ Widow } Hilda Mary 44
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Hilda Mary Burke

Address Rt 1 Bx 503 A Sonoma, Caly

Order given by ..... (or informant)

How Secured .....

If Veteran, State War World War No I Canadian

Occupation Attendant 553-26-9244 (Social Security Number)

Employer and Address Sonoma State Home

Date of Death May 9, 1943 (Date) 2 P.M. (Hour)

Date of Birth May 10, 1893

Age 49 (Years) 11 (Months) 29 (Days)

Date of Funeral May 11 (Date) Tuesday (Day of Week) 10 A.M. (Hour)

Services at St. Francis Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace New York State

Resided in the State 4 years (or U.S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Myocardial failure

Contributory Causes Influenza

.....

Certifying Physician A. T. Mc Grath (or Coroner)

His Address Sonoma, Caly

Name of Father George Burke

His Birthplace Unknown

Maiden Name of Mother Unknown

Her Birthplace Unknown

Motor Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery Crematory } Catholic Cemetery Sonoma Caly

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 3 10	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $	1	15
Suit or Dress Dk Grey (State Kind and Color)	10	30
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $	15 00	
Getting Remains from 1/2 =	15 00	
Taking Remains to 1/2	1 15	
Trip to Coroner's Inquest	10 00	
Delivering Box to Underwear	18 15	
Deliver Flowers to Suit	3	
Removal Charges	5 14 45	
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 1 grave	10	-
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	12	50
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Mass	15	00
....line Death Notices in ..... Papers		
Indpt Tribune (Names of Newspapers)	2	58
Sales Tax	5	10
Total Footing of Bill	$ ~~371~~	~~36~~
Less $15.50 = if paid before June 9, '43	$ 381	66
Balance	$ 15	50
Entered into Ledger, page ..... or below.	366	16

SERIAL No. 141 **ORDER No.** 4775

CASKET No. 46 **Size** 6/6 **Date** 32042

COVERING Shade 64 Cedar Tioga

Caliz Casket Co

DESCRIPTION Hinged cap and pillow set 1341
Peachtan ballet regular style.
1 set 973-H Spartan handles shaded to match
3x0.
Trim complete.

Balance	Date		Amount Paid	Balance
	July 3, 43	To Balance Forward		$
		By Payment	$ 366 16	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$

Insurance Companies.....

.....rces Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

June 1, 43 Statement

Witness.....

Signed.....

Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 9 19 43

Name of Deceased Hazel S. Davis White
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Vineburg P.O. Bt 92 ☐Husband ☐Wife ☐Widow } James Thomas 68
or.....of } Age of Husband or Wife (if living).....Years

Charge to James Davis

Address P.O. Bt 92 - Vineburg, Calif

Order given by.....
(or informant)

How Secured.....

If Veteran, State War Wasn't in

Occupation Housewife
(Social Security Number)

Employer and Address.....

Date of Death May 9, 1943
(Date) (Hour)

Date of Birth Feb 5, 1878

Age 65 (Years) 3 (Months) 4 (Days)

Date of Funeral May 11, Tue. (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev. Wesley Briggs Sonoma
(Address)

Religion of the Deceased.....

Birthplace Minnesota

Resided in the State 30 yrs (or U. S. or City or County) (Years) (Months)

Place of Death So. County Hospital

Cause of Death Bronco-pneumonia

Contributory Causes Senility
Laceration. Hepatic Cirrhosis

Certifying Physician D. Johnson M.D.
(or Coroner)

His Address So. Co. Hospital

Name of Father William L. Stockton

His Birthplace Illinois

Maiden Name of Mother Unknown

Her Birthplace Illinois

Motor Ship } Remains to.....

Size of Casket 6/3 Trough Steele Am.
(State Color and Number)

Manufactured by S.F.

Cemetery Crematory } Mt. Cemetery Sonoma, Calif

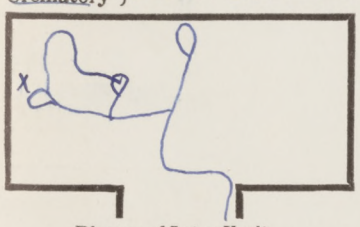

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 145	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $	2	92
Suit or Dress (State Kind and Color)	6	18
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ..... 1/2 = 72.50		
Taking Remains to ..... " 15.00		
Trip to Coroner's Inquest Indiana 2.85 Ill. = 6.00		
Delivering Box to 96.35		
Deliver Flowers to 3		
Removal Charges 289.05		
Procuring Burial Permit (State Number and District)	6	-
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb	25	00
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Indep. Tribune	2	58
....line Death Notices in..... Papers		
Minister Rev. Briggs (Names of Newspapers)	5	00
Sales Tax	2	63
Total Footing of Bill ..... $	210	31
Less 8% 30 days certified copy ..... $	1	
Balance ..... $	211	31
Entered into Ledger, page .....or below.	203	31

Date		Amount Paid	Balance
	To Above Balance		$
May 30, 43	By Payment Statement		$
	" "		$
	" "		$
	" "		$
	" "		$
	" "		$
	" "		$

Date		Amount Paid	Balance
	To Balance Forward		$
June 1	By Payment in full	$ 203 30	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

164

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 9 19 43

Name of Deceased Silas Henry Frazier White

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Glen Ellen ☐Husband ☐Wife ☐Widow } Anna Norlund unk.
or.....of } Age of Husband or Wife (if living).....Years

Charge to Mrs Anna Frazier

Address Glen Ellen, Caly

Order given by.....
(or informant)

How Secured.....

If Veteran, State War.....

Occupation Retired Dentist
(Social Security Number)

Employer and Address.....

Date of Death May 9, 1943
(Date) (Hour)

Date of Birth Dec 9 1864

Age 78 5 —
(Years) (Months) (Days)

Date of Funeral May 11 Tue 2.30 P.M.
(Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev Perry Sonoma
(Address)

Religion of the Deceased.....

Birthplace Virginia

Resided in the State 45 years
(or U. S. or City or County) (Years) (Months)

Place of Death Victory Hospital Napa

Cause of Death Myocardial failure

Contributory Causes Arteriosclerosis

.....

Certifying Physician A. K. McGrath M.D.
(or Coroner)

His Address Sonoma

Name of Father James Frazier

His Birthplace Unknown

Maiden Name of Mother Dollie Matney

Her Birthplace Unknown

Motor Ship } Remains to.....

Size of Casket 6/3 #27 Steel Eng
(State Color and Number)

Manufactured by Cal Ck

Cemetery Crematory } Mt Cemetery Sonoma, Caly

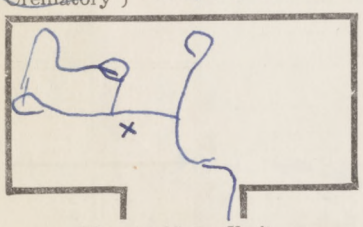

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 180	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $.....Hair Dressing, $		
Dressing Body, $.....Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $.....Hose, $		
Folding Chairs, $.....Tarpaulin, $		
Candelabrum, $.....Candles, $		
Door Spray, $.....Gloves, $		
Funeral Car, $.....Ambulance, $		
Limousines to Cemetery.....@ $		
Extra Limousines.....@ $		
Autos to R. R. Station.....@ $		
Getting Remains from 1/2	90.00	
Taking Remains to 1/2	15.00	
Trip to Coroner's Inquest	105.00	
Delivering Box to		
Deliver Flowers to	31.50	
Removal Charges		
Procuring Burial Permit (State Number and District)	4	—
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $.....Palms, $.....Matting, $		
Rental of Tent, $....of Temporary Vault, $		
Opening of Grave or Tomb	35	—
Lining Grave, $.....Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $.....Singers, $....Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Rev Perry	5	00
....line Death Notices in.....Papers		
Index Tribune	2	58
(Names of Newspapers)		
Democrat & Rep	2	00
Berkeley Gazette	1	50
	3	15
Sales Tax		
Total Footing of Bill	$ 248	23
Less 9.75 30 days	$ 9	75
Balance	$ 238	48

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance
	To Above Balance		$
June 1, 43	By Payment Statement	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward (A.W.F. 50.00 J.D.F. 25.00)		$
5-12-43	By Payment	$ 75 00	$
6-14-43	" "	$ 49 64	$
June 17, 43	J.D.F.	$ 24 64	$
June 24, 43	" "	$ 50	$
June 24, 43	" "	$ 48 95	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Car. of Bai

165

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry ...May... 10 ..... 19..43

Name of Deceased ..Anna Mary Hoz.....white.....
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence ..Glen Ellen..... ☐Husband ☐Wife ☐Widow } ..Herman Hoz.....
or.....of } Age of Husband or Wife (if living)....Years

Charge to ..Herman C. Hoz.....

Address ..Glen Ellen, Cal.....

Order given by.....
(or informant)

How Secured.....

If Veteran, State War ..none.....

Occupation ..At Home..... none
(Social Security Number)

Employer and Address .....

Date of Death ..May 10, 1943..... 2:15 P.m.
(Date) (Hour)

Date of Birth ..Aug. 25, 1859.....

Age ..83..... 8..... 15.....
(Years) (Months) (Days)

Date of Funeral ..May 12..... Wed..... 2 P.M.
(Date) (Day of Week) (Hour)

Services at ..Chapel.....

Clergyman ..Rev. Perry..... Sonoma
(Address)

Religion of the Deceased.....

Birthplace ..near Glen Ellen, Cal.....

Resided in the State ..Life..... in Sonoma Co.
(or U. S. or City or County) (Years) (Months)

Place of Death ..Burndale Hospital.....

Cause of Death ..Carcinoma of left Lung.....

Contributory Causes ..into Left pleural Cavity.....
..myocarditis.....

Certifying Physician ..C. B. Andrews M.D.....
(or Coroner)

His Address ..Sonoma..... Cal.....

Name of Father ..Gottlieb Stier.....

His Birthplace ..Germany.....

Maiden Name of Mother ..Anna Mary Unk.....

Her Birthplace ..Germany.....

Motor Ship } Remains to .....

Size of Casket ..2604/524 Half Couch.....
(State Color and Number)

Manufactured by ..G. G. Casket Co.....

Cemetery Crematory } ..Mt. Cemetery Sonoma Cal.....

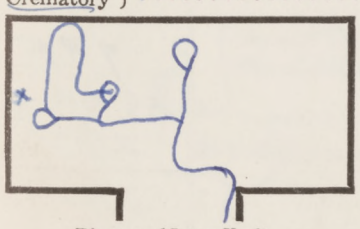

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 295	—
Casket		
Burial Vault or Box (State Kind)	15	
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ..½=	147.50	
Taking Remains to ..M	15.00	
Trip to Coroner's Inquest	1.62.50	
Delivering Box to	4,875.00	
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	6	—
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot ..2..Beds	2	—
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	25	00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
..Rev Perry	5	—
....line Death Notices in Sonoma Papers	2	50
(Names of Newspapers)		
Sales Tax	4	88
Total Footing of Bill	$ 355	46
Less 15 30 days	$ 15	46
Balance	$ 340	—
Entered into Ledger, page .....or below.		

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
May 18,43	By Payment	$340	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

166

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 11 1943

Name of Deceased Fred Bucelli White

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 400 Napa St East Sonoma ☐Husband ☐Wife ☐Widow or.....of Catherine 59

Age of Husband or Wife (if living) Years

Charge to Mrs Fred Bulotti

Address above -

Order given by (or informant)

How Secured

If Veteran, State War none

Occupation Retired Contracting painter none (Social Security Number)

Employer and Address

Date of Death May 11, 1943 (Date) (Hour)

Date of Birth Aug 29, 1879

Age 63 (Years) 8 (Months) 14 (Days)

Date of Funeral (Date) (Day of Week) (Hour) M.

Services at

Clergyman (Address)

Religion of the Deceased

Birthplace Sonoma Calif

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Stanford Lane Hospital S.F.

Cause of Death Bronco-pneumonia

Contributory Causes Streptothricosis

Diabetes Mellitus 16 years

Certifying Physician Donald W Petit (or Coroner)

His Address Lane Hospital S.F.

Name of Father Virgil Bulotti

His Birthplace Switzerland

Maiden Name of Mother Beatrice Braggi

Her Birthplace Switzerland

Motor / Ship } Remains to

Size of Casket ~~6/6 #46 Cover #64 Cedar Inner~~ (Style, Color and Number)

Manufactured by ~~C C Co~~

Cemetery / Crematory } Mt. Cemetery Sonoma, Calif

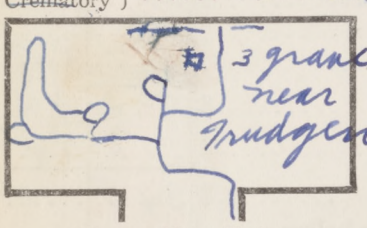

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 500	-
Casket		
Burial Vault or Box (State Kind)	15	
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress ~~Dress shirt, sox, underskirt~~ (State Kind and Color)		407
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from ½ =	250.00	
Taking Remains to ½ =	15.00	
Trip to Coroner's Inquest Shirt + set	3 95	
Delivering Box to	8.95	
Deliver Flowers to	2	
Removal Charges	8.0685	
Procuring Burial Permit (State Number and District)	1	-
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot posts	2	
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb	35	-
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Mass	15	00
...line Death Notices in ... Papers		
(Names of Newspapers) posted	2	58
Sales Tax	7	95
Total Footing of Bill	$ 582	60
Less 25% 30 days	$ 20	75
Balance	$ 561	85

Entered into Ledger, page ... or below.

CASKET No. 178 **Size** 6/6 **Date** 82042

COVERING Mahogany C. C. Co

DESCRIPTION Hinged cap of 1436 Honeysuckle satin made style 6015. Pillow set 1436 Honeysuckle satin as 6015.
Shirred foot panel 1338 Honeysuckle suede crepe
#2 finished shell.
1 pc. mattress #1.
Cover top only with 1436 Honeysuckle satin
Trim complete.

Date		Amount Paid	Balance
	To Balance Forward	$	$
6/8/43	By Payment In full	$ 561 85	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance Companies

...cient resources Legally available to (Firm Name of Funeral Directors.)

...e same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed

6/1/43 Statement. Witness

Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 15 19 43

Name of Deceased Helena Knudsen White

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Fetters Springs Calif ☐Husband ☐Wife ☐Widow or.....of } Nicholas T.

Charge to Mrs. Eleanor Petersen Age of Husband or Wife (if living).....Years

Address Boyes Springs Calif

Order given by..... (or informant)

How Secured.....

If Veteran, State War.....

Occupation At Home (Social Security Number)

Employer and Address.....

Date of Death May 15, 1943 (Date) 1 P.M. (Hour)

Date of Birth Sept 15, 1862

Age 80 (Years) 8 (Months) (Days)

Date of Funeral May 18 (Date) Tue (Day of Week) 2:30 P.M. (Hour)

Services at Chapel

Clergyman..... (Address)

Religion of the Deceased.....

Birthplace Sweden

Resided in the State 53 years (or U. S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician A. K. McGrath M.D. (or Coroner)

His Address Sonoma Calif

Name of Father Andrew Andersen

His Birthplace Sweden

Maiden Name of Mother Helena Andrews

Her Birthplace Sweden

Motor / Ship } Remains to.....

Size of Casket 2604/524 Gray Cantuck (State Color and Number)

Manufactured by G. S. Casket Co.

Cemetery / Crematory } Mt. Cemetery Sonoma, Calif

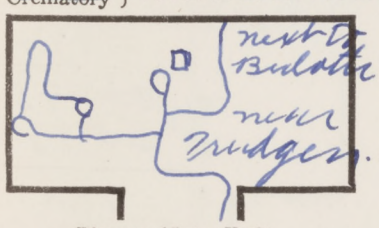

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	295 -
Casket		
Burial Vault or Box (State Kind)		15 -
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ... 1/2 = 147.50		
Taking Remains to ... M ... 15.00		
Trip to Coroner's Inquest ... 1.62.50 3		
Delivering Box to ... 4.87.50		
Deliver Flowers to ... 1		
Removal Charges		
Procuring Burial Permit (State Number and District)		6 -
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot. Posts 2 @ 1.00		2 -
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		35 -
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....		
....line Death Notices in ..... Papers		
Posted		2 58
..... (Names of Newspapers)		
..... Examiner		4 80
..... Berkeley Gazette		1 50
Sales Tax		4 88
Total Footing of Bill	$	366 76
Less	$	15 50
Balance	$	351 26

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
May 17 '43	By Payment	$ 300 -	$
24 '43	" "	$ 51 -	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Paid In Full

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

166

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 11 1943

Name of Deceased Fred Bucelli White

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 400 Napa St East Sonoma ☐Husband ☐Wife ☐Widow or.....of Catherine 59

Charge to Mrs Fred Bulotti Age of Husband or Wife (if living) Years

Address above -

Order given by (or informant)

How Secured

If Veteran, State War none

Occupation Retired Contracting painter none (Social Security Number)

Employer and Address

Date of Death May 11, 1943 (Date) (Hour)

Date of Birth Aug 27, 1879

Age 63 (Years) 8 (Months) 14 (Days)

Date of Funeral (Date) (Day of Week) (Hour) M.

Services at

Clergyman (Address)

Religion of the Deceased

Birthplace Sonoma Calif

Resided in the State Lyfe (or U. S. or City or County) (Years) (Months)

Place of Death Stanford Lane Hospital S.F.

Cause of Death Bronco-pneumonia

Contributory Causes Streptothricosis

Diabetes Mellitus 16 years

Certifying Physician Donald W. Petit (or Coroner)

His Address Lane Hospital S.F.

Name of Father Virgil Bulotti

His Birthplace Switzerland

Maiden Name of Mother Beatrice Piaggi

Her Birthplace Switzerland

Motor / Ship } Remains to

Size of Casket ~~46 #46 Cast 64 Cedar Suga~~ (State Color and Number)

Manufactured by ~~C C Co.~~

Cemetery / Crematory } Mt. Cemetery Sonoma, Calif

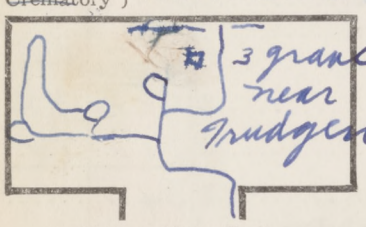

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 500	-
Casket		
Burial Vault or Box (State Kind)	15	
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ~~Dress shirt, sox, underskirt~~ (State Kind and Color) & Sat		407
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ~~1/2~~	250.00	
Taking Remains to ~~1/2~~	15.00	
Trip to Coroner's Inquest Stud + set	3 95	
Delivering Box to	8.95	
Deliver Flowers to	26 3	
Removal Charges	8.0685	
Procuring Burial Permit (State Number and District)	1	-
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot posts		2 -
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		35 -
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
..... Masa		15 00
....line Death Notices in ..... Papers		
..... posted (Names of Newspapers)		2 58
Sales Tax		7 95
Total Footing of Bill	$	58 26 0
Less 25% 30 days	$	20 75
Balance	$	56 85

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance
	To Balance Forward	$	$
6/8/43	By Payment In full	$ 56 85	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

6/1/43 Statement.

Witness..... Signed.....

Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 15 19 43

Name of Deceased Helena Knudsen White
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Fetters Springs Calif ☐Husband ☐Wife ☐Widow } Nicholas T.
or.....of } Age of Husband or Wife (if living).....Years

Charge to Mrs. Eleanor Petersen

Address Boyes Springs, Calif

Order given by (or informant)

How Secured

If Veteran, State War

Occupation At Home (Social Security Number)

Employer and Address

Date of Death May 15, 1943 (Date) 1 P.M. (Hour)

Date of Birth Sept 15, 1862

Age 80 (Years) 8 (Months) (Days)

Date of Funeral May 18 (Date) Tue (Day of Week) 2:30 P.M. (Hour)

Services at Chapel

Clergyman (Address)

Religion of the Deceased

Birthplace Sweden

Resided in the State 53 years (or U. S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death

Contributory Causes

Certifying Physician A. F. McGrath MD (or Coroner)

His Address Sonoma Calif

Name of Father Andrew Andersen

His Birthplace Sweden

Maiden Name of Mother Helena Andrews

Her Birthplace Sweden

Motor / Ship } Remains to

Size of Casket 2604/524 Daly Gantch (State Color and Number)

Manufactured by G. G. Casket Co.

Cemetery / Crematory } Mt. Cemetery Sonoma, Calif

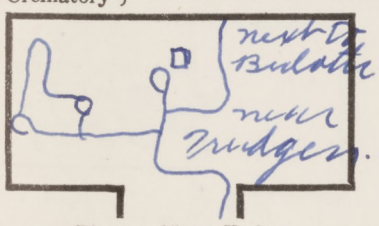

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 295	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from ½ = 147.50		
Taking Remains to M 15.00		
Trip to Coroner's Inquest 1.62.50 3		
Delivering Box to 4.87.50		
Deliver Flowers to 1.		
Removal Charges		
Procuring Burial Permit (State Number and District)	6	-
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax ... $ 8.00		
Outlay for Lot Posts 2 @ 1.00	2	-
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb	35	-
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / or Motor } Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
... line Death Notices in ... Papers		
Posted	2	58
(Names of Newspapers) Examiner	4	80
Berkeley Gazette	1	50
Sales Tax	4	88
Total Footing of Bill ... $	366	76
Less ... $	15	50
Balance ... $	351	26

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward		$
	By Payment	$	$	May 17 '43	By Payment	$ 300 -	$
	" "	$	$	24 '43	" "	$ 51 -	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Paid In Full

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 19 1943

Name of Deceased Linda Marie Ellis (What Race) white

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence Burndale Hospital ☐Husband ☐Wife ☐Widow } of.....

Charge to Fred A. Ellis (Father) Age of Husband or Wife (if living).....Years

Address 226 Gardner St. Vallejo, Calif

Order given by..... (or informant)

How Secured.....

If Veteran, State War none

Occupation Infant none (Social Security Number)

Employer and Address.....

Date of Death May 19, 1943 (Date) 6:45 a.m. (Hour)

Date of Birth May 5, 1943

Age 1 (Years) 14 (Months) (Days)

Date of Funeral Cremation May 20, 1943 M. (Date) (Day of Week) (Hour)

Services at No Service

Clergyman..... (Address)

Religion of the Deceased.....

Birthplace Sonoma, Calif

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician A. K. McGrath M.D. (or Coroner)

His Address Sonoma, Calif

Name of Father Fred A. Ellis

His Birthplace Edgewood, Iowa

Maiden Name of Mother Elizabeth Harris

Her Birthplace Toronto, Canada

Motor / Ship } Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by.....

Cemetery / Crematory } Chapel of the Chimes Santa Rosa, Calif

ashes Valley Cemetery, Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Diagram of Lot or Vault

Complete Funeral (except outlays)	$ 25	00
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to Santa Rosa	15	00
Trip to Coroner's Inquest 1/2 = 12.50		
Delivering Box to No. 17 3		
Deliver Flowers to 1375.00		
Removal Charges		
Procuring Burial Permit (State Number and District)		50
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation	10	-
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Express		60
line Death Notices in ..... Papers		
Opening Grave for Ashes (Name of Newspapers)	2	50
Sales Tax		38
Total Footing of Bill	$ ~~54 98~~ $ 53	98
Less	$	
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$ 54 —	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 22 1943

Name of Deceased Ida May Small White
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Buena Vista, Calif. ☐Husband ☐Wife ☐Widow of ..... Robert E. Small
Age of Husband or Wife (if living) ..... Years

Charge to Mrs Orilla Baumann

Address Rt 1 Bx 411 Sonoma

Order given by ..... (or informant)

How Secured .....

If Veteran, State War None

Occupation At Home None (Social Security Number)

Employer and Address .....

Date of Death May 22, 1943 (Date) 12:15 Am (Hour)

Date of Birth Nov 28, 1868

Age 74 (Years) 5 (Months) 24 (Days)

Date of Funeral May 24, Mon. (Date) (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev Ray Sonoma (Address)

Religion of the Deceased .....

Birthplace Michigan

Resided in the State ..... (or U. S. or City or County) 40 (Years) (Months)

Place of Death Burndale Hospital

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Barrell B. Andrews MD (or Coroner)

His Address Sonoma, Calif

Name of Father George Vilds

His Birthplace Unknown

Maiden Name of Mother Sarah Crampton

Her Birthplace Unknown

Motor / Ship } Remains to .....

Size of Casket .....

Manufactured by ..... (State Color and Number)

Cemetery / Crematory } Chapel of Chimes Santa Rosa

Lot No. .....
Grave No. .....
Section No. .....
Block No. .....
Owner .....

Complete Funeral (except outlays)	$ 310	00
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 1/2 = 155.00 / 3		
Taking Remains to Cemetery		
Trip to Coroner's Inquest 4,65.00		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation	45	00
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev Ray	5	00
Singer, Mrs Brodhead	5	00
....line Death Notices in ..... Papers		
Index Tribune (Names of Newspapers)	2	58
Sales Tax	4	65
Total Footing of Bill	$ 372	23
Less 15.50 Cash 30 days	$ 15	50
Balance	$ 356	73

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Casket No. 9389 **Order No.**
Size 6/3 S.F.C.Co. **Date** 5/
Covering 220
Description Nyberg of Brocade Baronet 4850-3X0 Hdls

Date		Balance		Date		Amount Paid		Balance	
6/1/43	Statement	$			To Balance Forward	$		$	
				June 5 1943	By Payment	$	Paid	$ 356	73
					" "	$		$	
					" "	$		$	
					" "	$		$	
					" "	$		$	
		$			" "	$		$	
	" "	$			" "	$		$	

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness .....

Signed .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry May 23 1943

Name of Deceased Charles F. Nelson W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Eureka, Calif. ☐Husband ☐Wife ☒Widow } Elizabeth Ann Nelson

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Roy Franklin

Address Sonoma Vista Hotel

Order given by Roy Franklin 47/14
(or informant)

How Secured Cash

If Veteran, State War

Occupation Sheep Rancher 551-14-0372
(Social Security Number)

Employer and Address

Date of Death May 23, 43 9: P.M.
(Date) (Hour)

Date of Birth Oct. 18, 1879

Age 63 (Years) 7 (Months) 5 (Days)

Date of Funeral 5/25/43 (Date) Tues. (Day of Week) 3: P.M. (Hour)

Services at Chapel

Clergyman Rev. Perry (Address)

Religion of the Deceased Epis.

Birthplace Hamilton Ohio, Ohio

Resided in the State 60 (or U. S. or City or County) (Years) (Months)

Place of Death Eureka

Cause of Death Coronary occlusion

Contributory Causes .....

.....

Certifying ~~Physician~~ W. L. Wallace Coroner
(or Coroner)

His Address Eureka, Calif.

Name of Father Thomas Nelson

His Birthplace England

Maiden Name of Mother Elizabeth Egan

Her Birthplace .....

Motor / Ship } Remains to .....

Size of Casket Purchased in Eureka
(State Color and Number)

Manufactured by .....

~~Cemetery~~ / ~~Crematory~~ } Mt. Cemetery

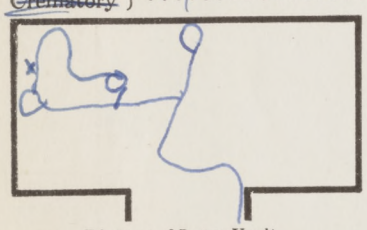

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	55 —
Casket Purchased in Eureka		
Burial Vault or Box " " " (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from Santa Rosa		15 —
Taking Remains to 1/2 — 27.50		
Trip to Coroner's Inquest 3		
Delivering Box to 1825.0		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		4 —
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		28 —
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev Perry		5 —
.... line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	107 00
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	May 24 43	By Payment	$ 100 —	$
	" "	$	$	11 25 43	" "	$ 7 —	$
	" "	$	$	Paid In full	" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 28 1943

Name of Deceased Infant Son of John Gracapazzi White

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Burndale Hospital ☐Husband ☐Wife ☐Widow

Charge to John Gracapazzi or..... .....of

Address Sonoma, Caly Age of Husband or Wife (if living).....Years

Order given by..... (or informant)

How Secured.....

If Veteran, State War.....

Occupation Infant (Social Security Number)

Employer and Address.....

Date of Death May 28 (Date) 2 P.M. (Hour)

Date of Birth May 28, 1943

Age 7 hrs. (Years) (Months) (Days)

Date of Funeral May 29 (Date) Sat. (Day of Week) 11 A.M. (Hour)

Services at.....

Clergyman..... (Address)

Religion of the Deceased.....

Birthplace Sonoma, Caly

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death Cardio respiratory

Contributory Causes. premature - 5½ mo.

.....

Certifying Physician C. B. Andrews md (or Coroner)

His Address Sonoma, Caly

Name of Father John Gracapazzi

His Birthplace Sonoma, Caly

Maiden Name of Mother Maxine West

Her Birthplace Kenwood, Caly

Motor / Ship } Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by.....

Cemetery / Crematory } Catholic Cemetery Sonoma

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	15 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 1/2 = 7.50 3		
Taking Remains to		
Trip to Coroner's Inquest 12.50		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		5 —
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		23
Total Footing of Bill	$	20 23
Less	$	
Balance	$	
Entered into Ledger, page .....or below.		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$	May 29 43	By Payment Pd In full	$	$ 20 23
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry ..... May 30 ..... 1943.

Name of Deceased ..... Gladdin Mac Miller ..... white .....
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence ..... Eldridge, Caly ..... ☐Husband ☐Wife ☐Widow
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to ..... C. Frank Miller .....

Address ..... Box 394 - Pearson Road .....

Order given by ..... Paradise, California .....
(or informant)

How Secured .....

If Veteran, State War ..... none .....

Occupation ..... none ..... none .....
(Social Security Number)

Employer and Address .....

Date of Death ..... May 30, 1943 ..... 4:53 P.M.
(Date) (Hour)

Date of Birth ..... April 23, 1922 .....

Age ..... 21 ..... 1 ..... 7 .....
(Years) (Months) (Days)

Date of Funeral ..... May 31 ..... mon. ..... 4 P. M.
(Date) (Day of Week) (Hour)

Services at ..... Graveside .....

Clergyman ..... B. F. Ray ..... Sonoma .....
(Address)

Religion of the Deceased .....

Birthplace ..... Capron, Oklahoma .....

Resided in the State ..... 15 yrs 7 mo .....
(or U. S. or City or County) (Years) (Months)

Place of Death ..... Eldridge .....

Cause of Death ..... Status Epilepticus .....

Contributory Causes ..... Chr. Epilepsy .....

.....

Certifying Physician ..... E. J. Finnerty ..... M. D.
(or Coroner)

His Address ..... Eldridge, Caly .....

Name of Father ..... C. Frank Miller .....

His Birthplace ..... Missouri .....

Maiden Name of Mother ..... Lela Forester .....

Her Birthplace ..... Kansas .....

Motor Ship } Remains to .....

Size of Casket .....
(State Color and Number)

Manufactured by .....

Cemetery Crematory } Valley Cemetery Sonoma, Caly

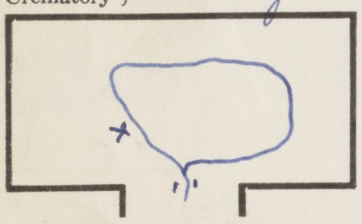

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays) ..... $	75	-
Casket		
Burial Vault or Box ..... (State Kind)	10	-
Embalming Body ..... (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ..... (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ..... 1/2 = ...	37	50
Taking Remains to ..... Bd	10	00
Trip to Coroner's Inquest	47	50
Delivering Box to	3	00
Deliver Flowers to	14	25
Removal Charges		
Procuring Burial Permit ..... (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb	12	50
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ ..... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
..... B. F. Ray Minister	2	50
..... line Death Notices in ..... Papers		
..... (Names of Newspapers)		
.....		
Sales Tax	1	43
Total Footing of Bill ..... $	101	43
Less ..... $		
Balance ..... $		
Entered into Ledger, page ..... or below.		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	June 25, 43	By Payment	$ 51 43	$
5/31/43	" Statement	$	$	Aug 16 '43	" "	$ 50 —	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 3 1943

Name of Deceased Floyd Laurence Hall White

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Eldridge Calif ☐Husband ☐Wife ☐Widow } Fern Hall

or..... .....of } Age of Husband or Wife (if living).....Years

Charge to Murle Hall

Address Eldridge Calif

Order given by..... (or informant)

How Secured.....

If Veteran, State War None

Occupation Hospital Attendant None (Social Security Number)

Employer and Address.....

Date of Death June 3, 1943 (Date) 1:10 A.M. (Hour)

Date of Birth Nov 29, 1891

Age 51 (Years) 6 (Months) 4 (Days)

Date of Funeral June (Date) 5 Sat. (Day of Week) 10:30 A.M. (Hour)

Services at Chapel

Clergyman..... (Address)

Religion of the Deceased.....

Birthplace Orange Co. Texas

Resided in the State 12 years. (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma State Home

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician G. B. Andrews M.D. (or Coroner)

His Address Sonoma, Calif

Name of Father James Hall

His Birthplace Louisiana

Maiden Name of Mother Unknown

Her Birthplace Unknown

Motor Ship } Remains to #345 H.P. #4 R.

Size of Casket ~~#5604/534~~ ~~Half Couch~~ (State Color and Number)

Manufactured by S.F. Casket Co.

Cemetery Crematory } Sulocary Cemetery Napa, Calif

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	295 -
Casket		
Burial Vault or Box (State Kind)		15 -
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 1/2 = 147.50		
Taking Remains to 2 = 15.00		
Trip to Coroner's Inquest 1.62.50		
Delivering Box to 3		
Deliver Flowers to 4,87.50		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Minister Themselves		
....line Death Notices in "..... Papers		
Posted Index (Names of Newspapers)		2 58
Sales Tax		4 88
Total Footing of Bill	$	317 46
Less 15-50 = 30 days	$	
Balance	$	

Entered into Ledger, page.....or below.

Date			Amount Paid		Balance	
July 2	'43	Statement To Above Balance			$	
		By Payment	$		$	
		" "	$		$	
		" "	$		$	
		" "	$		$	
		" "	$		$	
		" "	$		$	

Date			Amount Paid		Balance	
		To Balance Forward			$	
		By Payment	$		$	
June 5		" On acct	$ 100	—	$	
July 30		" In full	$ 217	46	$	
		" "	$		$	
		" "	$		$	
		" "	$		$	
		" "	$		$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....

(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 7 1943

Name of Deceased William F. Stephens White
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Cabral Ranch Sonoma Rural ☐Husband ☐Wife ☐Widow or.....of
Age of Husband or Wife (if living).....Years

Charge to Mrs. Agnes Farguar

Address 848 - 3rd St Santa Rosa, Cal

Order given by ?? City Hall (or informant)

How Secured

If Veteran, State War None

Occupation Carpenter Unknown (Social Security Number)

Employer and Address

Date of Death June 1, 1943 (Date) 3 AM (Hour)

Date of Birth Sept 22, 1885

Age 57 (Years) 8 (Months) 15 (Days)

Date of Funeral June 10 (Date) Thurs (Day of Week) 3 P.M. (Hour)

Services at Chapel

Clergyman Rev. Berry Sonoma, Cal (Address)

Religion of the Deceased

Birthplace New Richmond, Wisconsin

Resided in the State 50 years (or U. S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death

Contributory Causes

Coroner Silversfield D.C.

Certifying Physician D.A.F.M. Heath (or Coroner)

His Address Sonoma, Cal

Name of Father Anthony Stephens

His Birthplace Ireland

Maiden Name of Mother Mary Gadden

Her Birthplace Richmond, Virginia

Motor Ship } Remains to

Size of Casket #13 Grey Am. Troughs (State Color and Number)

Manufactured by L.F.

Cemetery Crematory } Mt. Cemetery Sonoma, Cal

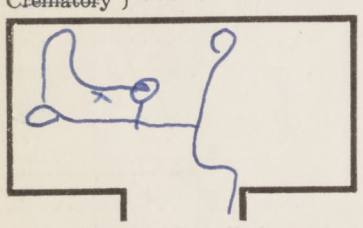

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	145
Casket		
Burial Vault or Box (State Kind)		15
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress underwear shirt & tie tax (State Kind and Color)		2 90
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from ½ — 72.50		
Taking Remains to Cem. 15.00		
Trip to Coroner's Inquest Shirt & tie 2.80		
Delivering Box to 90.30		
Deliver Flowers to 3		
Removal Charges 27.09.0		
Procuring Burial Permit (State Number and District)		6 —
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		3 —
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		30 —
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Rev. Berry		5 00
...line Death Notices in ... Papers (Names of Newspapers)		
Sales Tax		2 63
Total Footing of Bill	$	206 53
Less	$	
Balance	$	

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
July 2 '43	To Above Balance Statement	$	$		To Balance Forward		$
July 9 '43	By Payment Paid by Mrs Farguar with Att' Hitchcocks	$	$	Sept 4, 43	By Payment Paid in full	$ 206 53	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

175

Total No..... Yearly No..... Date of Entry June 25 1943

Name of Deceased Walter H. Rose White

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Fetters Springs, Calif. ☐Husband ☐Wife ☐Widow } Olive 60

Charge to ~~Mrs. Olive Rose~~ Jack Rose or..... .....of } Age of Husband or Wife (if living)..... Years

Address Box 13 Agua Caliente

Order given by Mathews (Son in law) (or informant)

How Secured $5.00 Down. Bal. in 30 days

If Veteran, State War .....

Occupation Retired Farmer (Social Security Number)

Employer and Address .....

Date of Death June 25, 1943 10:05 a.m. (Date) (Hour)

Date of Birth Sept 9, 1876

Age 66 (Years) 9 (Months) 16 (Days)

Date of Funeral June 28 (Date) Monday (Day of Week) 10 A.M. (Hour)

Services at Chapel

Clergyman V. L. Milligan Sonoma Rural (Address)

Religion of the Deceased .....

Birthplace New York

Resided in the State 8 years (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Vista

Cause of Death Carcinoma of lung

Contributory Causes .....

.....

Certifying Physician Wm J. Newman M.D (or Coroner)

His Address Sonoma, Calif.

Name of Father Judson Rose

His Birthplace New York

Maiden Name of Mother Emma Stredder

Her Birthplace England

Motor Ship } Remains to .....

Size of Casket 6/3 # 37 Cut top (State Color and Number)

Manufactured by Calif. Casket Co.

Cemetery ~~Crematory~~ } Mt. Cemetery Sonoma, Calif.

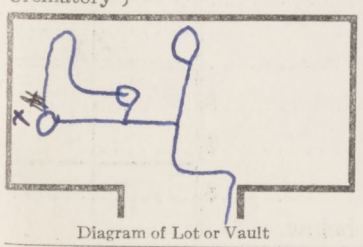

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	145 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ½ = 77.50		
Taking Remains to M = 15.00		
Trip to Coroner's Inquest 87.50		
Delivering Box to 3		
Deliver Flowers to 26.25		
Removal Charges		
Procuring Burial Permit (State Number and District)		6 —
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Paid		2 00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		28 —
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
V. L. Milligan Minister		5 00
....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		2 63
Total Footing of Bill	$	203 63
Less 8.00 = 30 days	$	8.
Balance	$	195 63

Entered into Ledger, page ..... or below.

Date			Amount Paid		Balance		Date			Amount Paid		Balance	
June 30	43	To Above Balance Took Statement			$				To Balance Forward			$	
		By Payment	$		$		June 25	43	By Payment	$ 40	—	$	
		" "	$		$		June 30	43	" "	$ 5	—	$	
		" "	$		$		July 9	43	" "	$ 50	—	$	
		" "	$		$		July 22	43	" "	$ 50		$	
		" "	$		$		July 24	43	" In full	$ 50	63	$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

car: Sunday call 1:40 P.M.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 27 1943

Name of Deceased Rudolph Krenz White

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt. 1 Bx. 210 Sonoma Caly ☐Husband ☐Wife ☐Widow } Emma 60

or..... of } Age of Husband or Wife (if living)..... Years

Charge to Mrs. Emma Krenz

Address Rt. 1 Bx. 210 Sonoma Caly

Order given by..... (or informant)

How Secured.....

If Veteran, State War none

Occupation Rancher (Social Security Number)

Employer and Address.....

Date of Death June 27, 1943 6:30 A.M. (Date) (Hour)

Date of Birth July 2, 1883

Age 59 (Years) 11 (Months) 25 (Days)

Date of Funeral June 29 Tue 2 P.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. Perry Sonoma, Caly (Address)

Religion of the Deceased.....

Birthplace San Francisco, Caly

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Myocardial failure

Contributory Causes Chr. Intentitial Nephritis

.....

Certifying Physician A. K. McGrath M.D. (or Coroner)

His Address Sonoma Caly

Name of Father Emil Krenz

His Birthplace Germany

Maiden Name of Mother Marie Tamler

Her Birthplace Germany

Motor Ship } Remains to.....

Size of Casket 34 S. H. # 4 R. (State Color and Number)

Manufactured by S.F.C. Co.

Cemetery Crematory } Chapel of the Chimes Santa Rosa, Calif.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 310	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ½ = 155.00 / 3		
Taking Remains to		
Trip to Coroner's Inquest ..... 4,6.5.0.0.		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation	45	—
Flowers, $ ~~Casket Sprays~~, $ ~~Palms~~, $ Matting, $	5	—
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Rev Perry	5	—
.....line Death Notices in Examiner Papers (Names of Newspapers)	2	90
Sales Tax	4	65
Total Footing of Bill	$ 372	55
Less	$ 15	50
Balance	$ 357	05

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$ 357 —	$
	" "	$	$	July 8 '43	"	$	$ ~~X~~
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 30 19 43

Name of Deceased Mary Louise Chase White

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence First St. East Sonoma ☐Husband ☐Wife ☐Widow } William V.

or..... of } Age of Husband or Wife (if living).....Years

Charge to Mrs. Laura Valleau

Address Sonoma Calif

Order given by (or informant)

How Secured

If Veteran, State War None

Occupation Housewife None (Social Security Number)

Employer and Address

Date of Death June 30, 1943 (Date) 9 A.M. (Hour)

Date of Birth May 9 1856

Age 87 (Years) / (Months) 21 (Days)

Date of Funeral July 2 (Date) Friday (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Mrs James Sonoma (Address)

Religion of the Deceased Christian Science

Birthplace San Francisco Calif

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Myocardial failure

Contributory Causes Arteriosclerosis

Gangrene Rt. foot

Certifying Physician A. K. Mc Grath MD (or Coroner)

His Address Sonoma Calif

Name of Father Fred Wheley

His Birthplace San Francisco Calif

Maiden Name of Mother Margaret Crosby

Her Birthplace Unknown

Motor Ship } Remains to

Size of Casket 9389 ½ Ch. Cov. 220 (State Color and Number)

Manufactured by N. F. C. Co.

Cemetery Crematory } Mt. Cemetery Sonoma, Calif

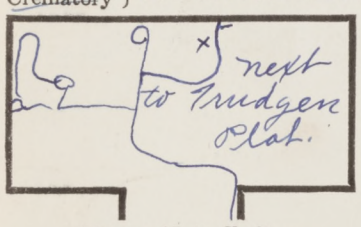

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	295 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from ... ½ = 147.50		
Taking Remains to ... By ... 15.00		
Trip to Coroner's Inquest		
Delivering Box to ... 162.50 3		
Deliver Flowers to		
Removal Charges ... 48.75		
Procuring Burial Permit (State Number and District)		1 —
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		28 —
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Mrs Trudgen (Themselves)		—
Mrs James Reader (Themselves)		—
... line Death Notices in Papers		
(Names of Newspapers)		
Sales Tax		4 88
Total Footing of Bill	$	343 88
Less	$	15 50
Balance	$	328 38

Entered into Ledger. page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
July 8 43	Statement To Above Balance		$	July 29 43	To Balance Forward	$	$
	By Payment	$	$		By Payment	$ 328 38	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 29 1943

Name of Deceased Rose Jane Wells White

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Fetters Hot Springs, Calif. ☐Husband ☐Wife ☐Widow } Charles Wells

Charge to Charles Wells or.....of Age of Husband or Wife (if living).....Years

Address Fetters Hot Springs Calif

Order given by..... (or informant)

How Secured 20.00 mo.

If Veteran, State War none

Occupation Housewife not Given (Social Security Number)

Employer and Address .....

Date of Death June 29 1943 11:45 P.M. (Date) (Hour)

Date of Birth April 26 1874

Age 69 (Years) 2 (Months) 3 (Days)

Date of Funeral July 3 1943 Saturday 2 P.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. Perry Sonoma (Address)

Religion of the Deceased .....

Birthplace not given on papers.

Resided in the State Not Given (or U. S. or City or County) (Years) (Months)

Place of Death Napa State Hospital

Cause of Death Terminal Hypostatic

Contributory Causes Pneumonia

.....

Certifying ~~Physician~~ Coroner Theodore Treadway (or Coroner)

His Address Napa State Hospital

Name of Father ? William

His Birthplace Not Given

Maiden Name of Mother Anna Salvaner

Her Birthplace St. Louis Missouri

Motor Ship } Remains to .....

Size of Casket 6/3 #37 Grey Am. Cut Top (State Color and Number)

Manufactured by Calif Casket Co

Cemetery ~~Crematory~~ } Valley Cemetery Sonoma

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	145 -
Casket		
Burial Vault or Box (State Kind)		15 -
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from Sonoma		12.50
Taking Remains to Napa		15.00
Trip to Coroner's Inquest		87.50
Delivering Box to		3
Deliver Flowers to		2.62.50
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		12 50
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service..... Minister		5 -
.....line Death Notices in..... Papers (Names of Newspapers)		
Sales Tax		2 63
Total Footing of Bill	$	180 13
Less D 8.00 = 30 days	$	
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	July 6-43	By Payment	$ 20.—	$
	" "	$	$	July 5 43	" "	$ 20.-	$
	" "	$	$	Sept 7, 43	" "	$ 20 —	$
	" "	$	$	Oct 5, 43	" "	$ 20 13	$
	" "	$	$	Nov. 6. 43	" "	$ 20	$
	" "	$	$	Dec. 7. 43	" "	$ 20.	$
	" "	$	$	Jan 6. 44	" "	$ 20	$

Insurance $..... Names of Lodges..... Feb. 7-44 Insurance Companies 20

Feb 24. 44 20

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry July 8 1943

Name of Deceased William Randolph Hendelong White

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Pt. 1 Bx. 16 C. Sonoma, ☐Husband ☐Wife ☐Widow of Ada 70

Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Ada Henderlong

Address Pt. 1 Bx. 16 C. Sonoma

Order given by Sister 3009 Central Alameda, Calif. (or informant)

Temporary address

How Secured .....

If Veteran, State War None

Occupation Retired Stationery Engineer (Social Security Number)

Employer and Address .....

Date of Death July 8, 1943 3 A.M. (Date) (Hour)

Date of Birth July 29, 1867

Age 75 (Years) 11 (Months) 9 (Days)

Date of Funeral July 12 Mon. 2 P.M. (Date) (Day, of Week) (Hour)

Services at Murphys Chapel Alameda

Clergyman ..... (Address)

Religion of the Deceased .....

Birthplace Sardis Ohio

Resided in the State 37 yrs. (or U. S. or City or County) (Years) (Months)

Place of Death Burnham Hospital

Cause of Death Cerebrovascular accident

Contributory Causes Arteriosclerosis Hypertension Cardio Vascular disease

Certifying Physician C. B. Andrews M.D. (or Coroner)

His Address Sonoma Calif.

Name of Father Unk Henderlong

His Birthplace Unknown

Maiden Name of Mother Unknown

Her Birthplace Unknown

Motor / Ship } Remains to .....

Size of Casket 34"-HP #4 R Cov. (State Color and Number)

Manufactured by S.F.

Cemetery / Crematory } Oakland Crematorium Oakland

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

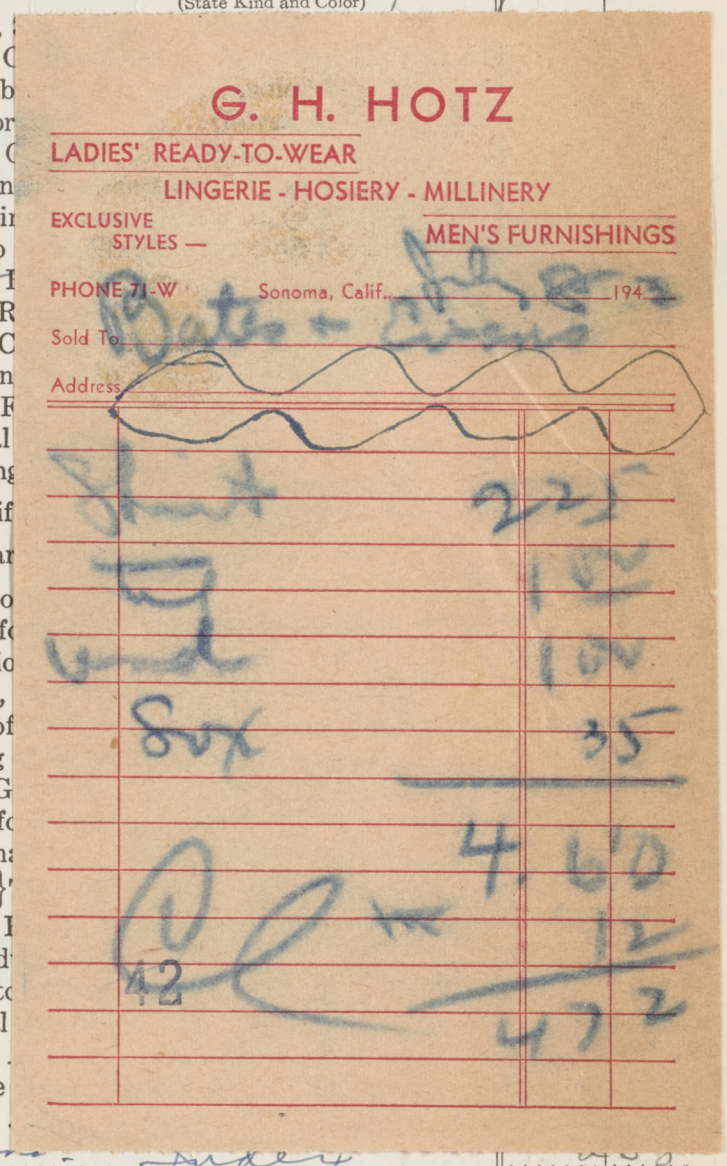
Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	280 -
Casket		
Burial Vault or Box (State Kind)		No Box
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Clothing (State Kind and Color)		4 72
Slippers,		
Folding C		
Candelab		
Door Spr		
Funeral C		
Limousin		
Extra Lir		
Autos to		
Getting I		
Taking R		
Trip to C		
Deliverin		
Deliver F		
Removal		
Procuring		
Certif		
Pall Bear		
Gross To		
Outlay fo		
Crematio		
Flowers,		
Rental of		
Opening		
Lining G		
Outlay fo		
Clergyma		
Railroad / or Motor }		
Telegr., I		
Cash Ad		
Out of to		
Personal		
line		
Sales Tax		3 50
Total Footing of Bill	$	29 0 80
Less	$	14 —
Balance	$	276 80

Entered into Ledger, page ..... or below.



Date		Amount Paid	Balance	Date		Amount Paid	Balance
Took Statement July 20, 1943	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$	Aug 12 43	By Payment	$ 75 00	$
	" "	$	$		" "	$	$
	" "	$	$	Aug 17 43	" In full	$ 201 80	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 29 1943

Name of Deceased Rose Jane Wells White

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Fetters Hot Springs, Caly ☐Husband ☐Wife ☐Widow } Charles Wells

Charge to Charles Wells or.....of } Age of Husband or Wife (if living).....Years

Address Fetters Hot Springs Caly

Order given by..... (or informant)

How Secured 20 dys mo.

If Veteran, State War none

Occupation Housewife not Given (Social Security Number)

Employer and Address .....

Date of Death June 29 1943 11:45 P.M. (Date) (Hour)

Date of Birth April 26 1874

Age 69 (Years) 2 (Months) 3 (Days)

Date of Funeral July 3 1943 Saturday 2 P.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev Perry Sonoma (Address)

Religion of the Deceased .....

Birthplace not given on papers

Resided in the State Not Given (or U. S. or City or County) (Years) (Months)

Place of Death Napa State Hospital

Cause of Death Terminal Hypostatic

Contributory Causes Pneumonia

.....

Certifying ~~Physician~~ Coroner Theodore Treadway (or Coroner)

His Address Napa State Hospital

Name of Father ? William

His Birthplace Not Given

Maiden Name of Mother Anna Salvaner

Her Birthplace St Louis Missouri

Motor Ship } Remains to .....

Size of Casket 6/3 #37 Grey Am. Cut Top (State Color and Number)

Manufactured by Caly Casket Co

Cemetery ~~Crematory~~ } Valley Cemetery Sonoma

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	145 -
Casket		
Burial Vault or Box (State Kind)		15 -
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from Ivy =		12.50
Taking Remains to Napa		15.00
Trip to Coroner's Inquest		87.50
Delivering Box to		3
Deliver Flowers to		2625.0
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		12 50
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service..... Minister		5 -
.....line Death Notices in..... Papers (Names of Newspapers)		
Sales Tax		2 63
Total Footing of Bill	$	180 13
Less D 8.00 30 days	$	
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
July 6-43	By Payment	$ 20 —	$
July 5 43	" "	$ 20 -	$
Sept 7, 43	" "	$ 20 —	$
Oct 5, 43	" "	$ 20 13	$
Nov. 6. 43	" "	$ 20	$
Dec 7. 43	" "	$ 20.	$
Jan 6. 44	" "	$ pd	$

Insurance $..... Names of Lodges..... Feb. 7-44 Insurance Companies 20 20

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. ..... Yearly No. .....

Date of Entry ..... July 8 1943

Name of Deceased .... William Ran ... H. Hendelong ... White

☐ Married ☐ Single ☐ Widowed ☐ D... (What Race)

Residence .... Rt. 1 ... Bx. 16 C ... San ... ☐ Widow } ... Ada ... 70

Charge to .... Mrs. Ada Hende ... of } Age of Husband or Wife (if living) ..... Years

Address .... Rt. 1 ... Bx. 16 C ... Sa ... outlays) ..... $ 280 -

Order given by .... 2009 Central Glam ... (or informant) ... Mrs Boy

Temporary address

How Secured .....

If Veteran, State War .... No

Occupation .... Retired Stat ... 4 72

Employer and Address .....

Date of Death .... July ...

Date of Birth .... July 2...

Age .... 75 ... (Years) ... (Months)

Date of Funeral .... July 12 ... Mon. ... (Date) ... (Day of Week)

Services at .... Murphys ... Chap...

Clergyman ..... (Address)

Religion of the Deceased .....

Birthplace .... Sardis ... Ohio

Resided in the State .... 37 yrs ... (or U. S. or City or County) ... (Years) ... (Months)

Place of Death .... Burnsdale Hospital

Cause of Death .... Cerebrovascular accident

Contributory Causes .... Arteriosclerosis Hypertension Cardio Vascular disease

Certifying Physician .... C. B. Andrews M.D. (or Coroner)

His Address .... Sonoma ... Cal...

Name of Father .... Unk ... Hendelong

His Birthplace .... Unknown

Maiden Name of Mother .... Unknown

Her Birthplace .... Unknown

Motor / Ship } Remains to .....

Size of Casket .... 34"-HP ... #4 R Cov. (State Color and Number)

Manufactured by .... S. F. ...

Cemetery / Crematory } .... Oakland Crematorium ... Oakland

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

½ = 140.00

Embalming 4.60

144.60

Rem... 2.5

Procuri... Burial Permit .... 3,62 (State Number and District)

Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)

Pall Bearer Service, $ .... Use of Chapel, $ .....

Gross Total for Sales Tax ..... $

Outlay for Lot .....

Cremation .....

Flowers, $ ..... Palms, $ .... Matting, $ .....

Rental of Tent, $ .... of Temporary Vault, $ .....

Opening of Grave or Tomb .....

Lining Grave, $ ..... Lowering Device, $ .....

Outlay for Shipping Charges .....

Clergyman, $ ..... Singers, $ .... Organist, $ .....

Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $ .....

Telegr., Phone, Cable or Radio Charges .....

Cash Advanced .....

Out of town Undertaker's Charges .....

Personal Service .....

.... line Death Notices in ..... Papers (Names of Newspapers) 2 58

Sales Tax 3 50

Total Footing of Bill ..... $ 29.0 8.0

Less ..... $ 14 —

Balance ..... $ 27.6 80

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If your Purchase is in any way Unsatisfactory, Please Report the same as all Errors will be Cheerfully Rectified.
REDFORM-PACIFIC MANIFOLDING BOOK CO., INC., EMERYVILLE, CALIF.
990A
TIES HATS UNDERWEAR SHIRTS CLOTHING
MEN'S FURNISHINGS
NOVELTIES MILLINERY HOSIERY LINGERIE
LADIES' READY-TO-

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Took Statement July 20, 1943	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$	Aug 12 43	By Payment	$ 75 00	$
	" "	$	$		" "	$	$
	" "	$	$	Aug 17 43	" In full	$ 201 80	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 9 1943

Name of Deceased Samuel B. Bugna W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Buena Vista Rural ☐Husband ☐Wife ☐Widow } Elizabeth 59

or.....of } Age of Husband or Wife (if living)..... Years

Charge to Mrs Elizabeth Bugna

Address R.F.D. Bx 419 Sonoma

Order given by..... (or informant)

How Secured.....

If Veteran, State War.....

Occupation Rancher (Social Security Number)

Employer and Address.....

Date of Death July 9, 1943 (Date) (Hour)

Date of Birth Nov. 1, 1870

Age 72 (Years) 8 (Months) 8 (Days)

Date of Funeral July 12 (Date) Mon (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev. Perry Sonoma (Address)

Religion of the Deceased.....

Birthplace Austria

Resided in the State..... 35 years (or U. S. or City or County) (Years) (Months)

Place of Death So. Co. Hospital

Cause of Death Bowel Obstruction

Contributory Causes Carcinoma of Rectosigmoid Colon

Certifying Physician Vernon Silvershield (or Coroner)

His Address Santa Rosa, Calif.

Name of Father Sebastian Bugna

His Birthplace Austria

Maiden Name of Mother Maria Bugna

Her Birthplace Austria

Motor Ship } Remains to.....

Size of Casket 6/3 #345 H.P. (State Color and Number)

Manufactured by S.F.

Cemetery Crematory } Mt. Cemetery Sonoma, Calif.

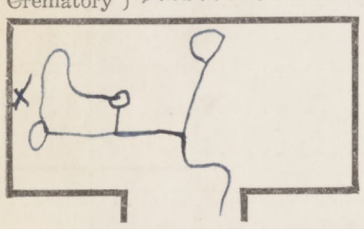


Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 295	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $.....Hair Dressing, $		
Dressing Body, $.....Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $.....Hose, $		
Folding Chairs, $.....Tarpaulin, $		
Candelabrum, $.....Candles, $		
Door Spray, $.....Gloves, $		
Funeral Car, $.....Ambulance, $		
Limousines to Cemetery.....@ $		
Extra Limousines.....@ $		
Autos to R. R. Station.....@ $		
Getting Remains from 1/2 = 147.50		
Taking Remains to Bx 15.00		
Trip to Coroner's Inquest 162.50		
Delivering Box to 2.50		
Deliver Flowers to 4.06		
Removal Charges		
Procuring Burial Permit (State Number and District)	6	
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 2 posts @ 1.00 =	2	—
Cremation		
Flowers, $.....Palms, $.....Matting, $		
Rental of Tent, $....of Temporary Vault, $		
Opening of Grave or Tomb	28	—
Lining Grave, $.....Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $.....Singers, $....Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service. M. Hinxley Rev. Perry	5	—
Music Mrs. Grinstead	5	—
....line Death Notices in.....Papers		
Index (Names of Newspapers)	2	58
Sales Tax	4	06
Total Footing of Bill	$ 362	64
Less D 15 50 = 30 days	$ 15	50
Balance	$ 347	14

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
July 13, 43	By Payment Statement =	$	$	July 14, 43	By Payment Insurance	$ 347 14	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 11 1943

Name of Deceased Jason Jason White

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Rt. 1 Bx. 189 Sonoma ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living).....Years

Charge to Mrs. Earl Weaver

Address.....

Order given by..... (or informant)

How Secured.....

If Veteran, State War None

Occupation Driller Unkn (Social Security N

Employer and Address.....

Date of Death July 11, 1943 3:5 (Date)

Date of Birth Dec. 13, 1886

Age 52 (Years) 5 (Months) 2 (Days)

Date of Funeral July 14 (Date) Wed (Day of Week) (H

Services at Chapel

Clergyman Rev. Baron Kenwood (Address)

Religion of the Deceased.....

Birthplace Petaluma, Calif

Resided in the State Life (or U. S. or City or County) (Years)

Place of Death So. Co. Hospital

Cause of Death Cirrhosis of Liver

Contributory Causes Chronic Alcoho

.....

Certifying Physician Garfield Barnett M (or Coroner)

His Address So. Co. Hospital

Name of Father Joseph Jason

His Birthplace Unknown

Maiden Name of Mother Mary Keaton

Her Birthplace Portugal

Motor Ship } Remains to.....

Size of Casket 6/3 #37 Grey Ann (State Color and Number)

Manufactured by Sally Casket Co.

Cemetery Crematory } Catholic Cemetery Sonoma

Diagram of Lot or Vault

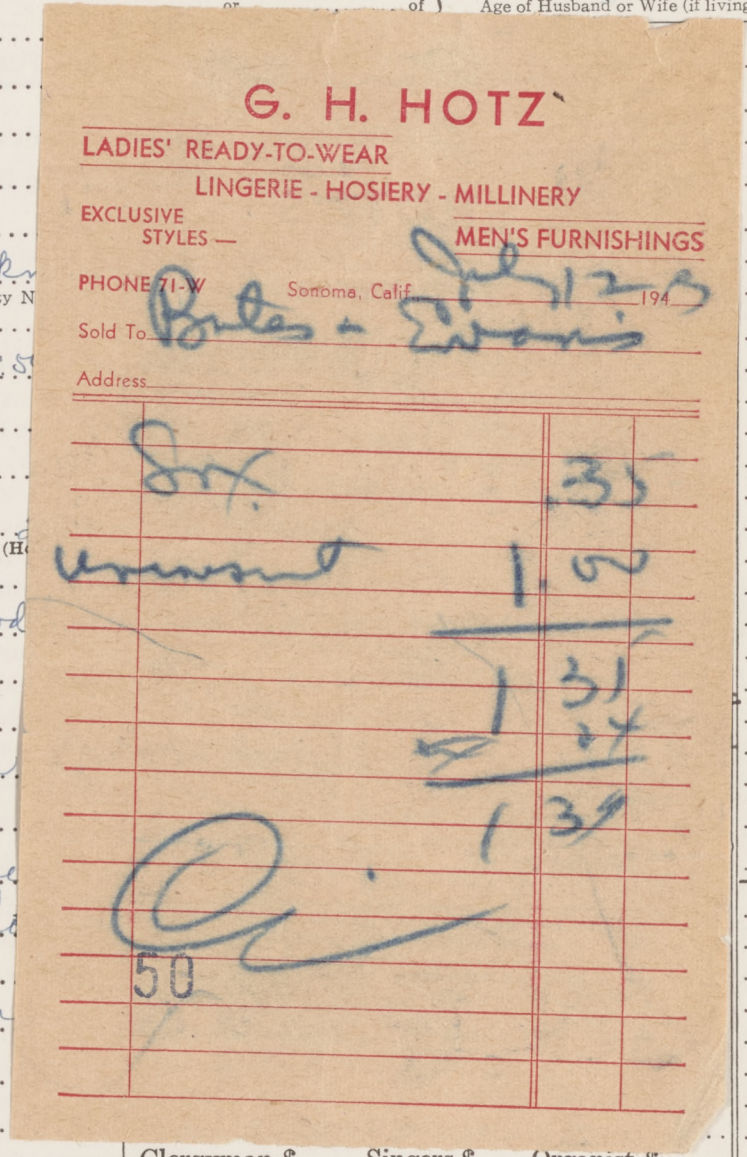
Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....



	180 -
	15 -
	10 25
	1 39
	15 -
	12 50
Clergyman, $ ..... Singers, $ ..... Organist, $	
Railroad or Motor } Tickets, $ ..... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service Mass	15 00
.....line Death Notices in Indep. Papers (Names of Newspapers)	2 58
Two Floral pieces @ $7.50	15 00
Sales Tax	2 63
Total Footing of Bill	$ 269 35
Less 9 1/3 30 days	$ 9 75
Balance	$ 259 60

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
July 15, 43	By Payment Statement	$	$	Aug 4, 43	By Payment Mail	$ 259 60	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

180

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 9 19 43

Name of Deceased Samuel B. Bugna W

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Buena Vista Rural ☐Husband ☐Wife ☐Widow } Elizabeth 59

or.....of } Age of Husband or Wife (if living)..... Years

Charge to Mrs. Elizabeth Bugna

Address R.F.D. Bx 417 Sonoma

Order given by..... (or informant)

How Secured.....

If Veteran, State War.....

Occupation Rancher (Social Security Number)

Employer and Address.....

Date of Death July 9, 1943 (Date) (Hour)

Date of Birth Nov. 1, 1870

Age 72 (Years) 8 (Months) 8 (Days)

Date of Funeral July 12 (Date) Mon (Day of Week) 2 P. M. (Hour)

Services at Chapel

Clergyman Rev. Berry Sonoma (Address)

Religion of the Deceased.....

Birthplace Austria

Resided in the State 35 years (or U. S. or City or County) (Years) (Months)

Place of Death So. Co. Hospital

Cause of Death Bowel Obstruction

Contributory Causes Carcinoma of Rectosigmoid Colon

Certifying Physician Vernon Silvershield (or Coroner)

His Address Santa Rosa, Calif.

Name of Father Sebastian Bugna

His Birthplace Austria

Maiden Name of Mother Maria Bugna

Her Birthplace Austria

Motor Ship } Remains to #

Size of Casket 6/3 #345 H. P. (State Color and Number)

Manufactured by S. F.

Cemetery Crematory } Mt. Cemetery Sonoma, Calif.

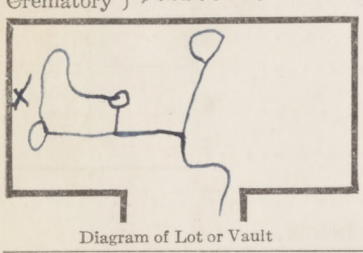


Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 295	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 1/2 = 147.50		
Taking Remains to Bx 15.00		
Trip to Coroner's Inquest 162.50		
Delivering Box to 2.50		
Deliver Flowers to 4.06		
Removal Charges		
Procuring Burial Permit (State Number and District)	6	
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 2 posts @ 1.00 =	2	—
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb	28	—
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Mr. Wesley Berry Perry	5	—
Music Mrs. Brinstead	5	—
.....line Death Notices in ..... Papers		
Indep. (Names of Newspapers)	2	58
Sales Tax	4	06
Total Footing of Bill	$ 362	64
Less D 15.50 30 days	$ 15	50
Balance	$ 347	14

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
July 13, 43	By Payment Statement =	$	$	July 14, 43	By Payment Insull	$ 347 14	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

If your Purchase is in any way Unsatisfactory, Please Report the same as all Errors will be Cheerfully Rectified.

REDFORM-PACIFIC MANIFOLDING BOOK CO., INC., EMERYVILLE, CALIF. 990A

MEN'S FURNISHINGS
CLOTHING
SHIRTS
UNDERWEAR
HATS
TIES

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LINGERIE
HOSIERY
MILLINERY
NOVELTIES

— SPECIALIZING IN —

HOTZ'S

RECOR

Total No..... Yearly No.....

Name of Deceased. Anatonx

☐ Married ☐ Single ☒ Widowed

Residence. R.t. 1. Bx. 189. Sonoma

Charge to. Mrs. Earl Weaver

Address.....

Order given by..... (or informant)

How Secured.....

If Veteran, State War. None

Occupation. Driller. Unknown (Social Security Number)

Employer and Address.....

Date of Death. July 11, 1943 (Date) 3:50 A.M. (Hour)

Date of Birth. Dec. 13, 1886

Age. 52 (Years) 5 (Months) 2 (Days)

Date of Funeral. July 14 (Date) Wed (Day of Week) 2 P.M. (Hour)

Services at. Chapel

Clergyman. Rev. Baren Kenwood Cal (Address)

Religion of the Deceased.....

Birthplace. Petaluma, Cal.

Resided in the State. Life (or U. S. or City or County) (Years) (Months)

Place of Death. So. Co. Hospital

Cause of Death. Cirrhosis of Liver

Contributory Causes. Chronic Alcoholism

.....

Certifying Physician. Garfield Barnett md (or Coroner)

His Address. So. Co. Hospital

Name of Father. Joseph Jason

His Birthplace. Unknown

Maiden Name of Mother. Mary Keaton

Her Birthplace. Portugal

Motor Ship } Remains to.....

Size of Casket. 6/3. #37 Grey Ans. (State, Color and Number)

Manufactured by. Cals. Casket Co.

Cemetery Crematory } Catholic Cemetery Sonoma

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

.....19.43

te.....

e).....

ng).....Years

	180	-
	15	-
Embalming Body (State Kind)		
(Name of Embalmer)		
Barber, $..... Hair Dressing, $.....		
Dressing Body, $..... Underwear, $.....		
Suit or Dress. Suit & Hat (State Kind and Color)	10	25
Slippers, $..... Hose, $ Underwear & Hat	1	39
Folding Chairs, $..... Tarpaulin, $.....		
Candelabrum, $..... Candles, $.....		
Door Spray, $..... Gloves, $.....		
Funeral Car, $..... Ambulance, $.....		
Limousines to Cemetery ..... @ $.....		
Extra Limousines ..... @ $.....		
Autos to R. R. Station ..... @ $.....		
Getting Remains from .../2 = 90.00		
Taking Remains to 15.00		
Trip to Coroner's Inquest Suit 10.00		
Delivering Box to . Undertaker 1.35		
Deliver Flowers to 11.6, 3.5		
Removal Charges 2.5		
Procuring Burial Permit 2.91		
(State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $.....		
Gross Total for Sales Tax ..... $		
Outlay for Lot / Grave	15	-
Cremation		
Flowers, $..... Palms, $..... Matting, $.....		
Rental of Tent, $.... of Temporary Vault, $.....		
Opening of Grave or Tomb	12	50
Lining Grave, $..... Lowering Device, $.....		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $.....		
Railroad or Motor } Tickets, $..... Aeroplane } Service, $.....		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
..... Mass	15	00
....line Death Notices in ..... Papers		
..... Index	2	58
Two Floral pieces @ $7.50 (Names of Newspapers)	15	00
.....		
Sales Tax	2	63
Total Footing of Bill ..... $	269	35
Less .9.75 30 days ..... $	9	75
Balance ..... $	259	60

Entered into Ledger. page..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
July 15, 43	By Payment Statement	$	$	Aug 4, 43	By Payment Mail	259 60	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis. Mo.

car P'Bo

182

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 12 1943

Name of Deceased Dorothy Amundsen White

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 2373 Washington St. ☐Husband ☐Wife ☐Widow } Peter Amundsen 46

or..... of } Age of Husband or Wife (if living)..... Years

Charge to Mrs. Rube Lange

Address Sonoma Calif phone 212

Order given by..... (or informant)

How Secured.....

If Veteran, State War None

Occupation Housewife None (Social Security Number)

Employer and Address.....

Date of Death July 12 1943 8 P.M. (Date) (Hour)

Date of Birth May 11 1906

Age 37 (Years) 2 (Months) 0 (Days)

Date of Funeral July 14 (Date) Wed. (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev. Boren (Address)

Religion of the Deceased.....

Birthplace Unknown Michigan

Resided in the State 23 (or U. S. or City or County) (Years) (Months)

Place of Death S. F. Hospital S. Francisco

Cause of Death Tuberculosis

Contributory Causes Peritonitis

Pulmonary Tuberculosis 6 yr.

Certifying Physician Otto J. Tuschka M.D. (or Coroner)

His Address S. F. Hospital S. F.

Name of Father George Kirby

His Birthplace Unknown

Maiden Name of Mother Georgia Edwards

Her Birthplace Michigan

Motor Ship } Remains to.....

Size of Casket 2609/552 Cor. 375 Seafoam.

Int: 1618 Ivory over flesh C. F. C. Co.

Manufactured by.....

Cemetery Crematory } Mt. Cemetery

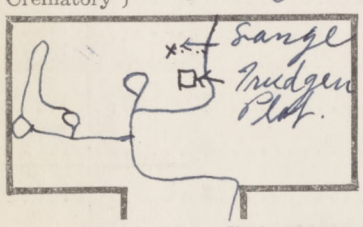


Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 380	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress Stockings: Jay (State Kind and Color)	3	08
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $½ = 190.00		
Getting Remains from 15.00		
Taking Remains to Stabing 3.00		
Trip to Coroner's Inquest 208.00 25		
Delivering Box to		
Deliver Flowers to 5.20		
Removal Charges Cemetery Permit	1	—
Procuring Burial Permit ..... (State Number and District)	1	—
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Costs	4	
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb	32	
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
..... line Death Notices in Posted papers	2	58
Rev Boren (Names of Newspapers)	5	—
Mrs Finstead	5	—
	5	13
Sales Tax		
Total Footing of Bill	$ 453	19
Less	$ 19	75
Balance	$ 430	—
Entered into Ledger, page.....or below.		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	July 15/43	By Payment	$ 430 —	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Car. Family

RECORD OF FUNERAL

Total No.............. Yearly No.............. Date of Entry July 23 1943

Name of Deceased Louisa Vallejo Emparan (What Race) white

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Sonoma, Calif.

☐Husband ☐Wife ☐Widow or.............of Richard. Age of Husband or Wife (if living)..........Years

Charge to Dol. Emparan

Address Sonoma, Calif.

Order given by.............. (or informant)

How Secured..............

If Veteran, State War none

Occupation At Home (Social Security Number) none

Employer and Address..............

Date of Death July 23, 1943 (Date) 9:35 AM (Hour)

Date of Birth Jan. 27, 1856

Age 87 (Years) 5 (Months) 26 (Days)

Date of Funeral July 26 (Date) mon. (Day of Week) 10 A.M. (Hour)

Services at St. Francis (Address)

Clergyman..............

Religion of the Deceased Catholic

Birthplace Sonoma, Calif.

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death Myocarditis Chr. + myocardial Degeneration

Contributory Causes..............

Certifying Physician Wm. J. Newman M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father Mariano Vallejo

His Birthplace Monterey, Calif.

Maiden Name of Mother Benecia Carrillo

Her Birthplace San Diego, Calif.

Motor / Ship } Remains to..............

Size of Casket #9389-½ Ch. Cov. #220 (State Color and Number)

Manufactured by S. F. C. Co.

Cemetery / Crematory } Mt. Cemetery Sonoma, Calif.

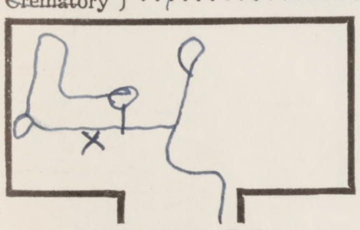


Diagram of Lot or Vault

Lot No..............

Grave No..............

Section No..............

Block No..............

Owner..............

Item	$	
Complete Funeral (except outlays)	295	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $.......Hair Dressing, $		
Dressing Body, $.......Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $.......Hose, $ ½ = 147.50		
Folding Chairs, $.......Tarpaulin, $ 5% 15.00		
Candelabrum, $.......Candles, $ Hos 15.00		
Door Spray, $.......Gloves, $ 177.50		
Funeral Car, $.......Ambulance, $ 2.5		
Limousines to Cemetery.....@ $		
Extra Limousines.....@ $ 4.43		
Autos to R. R. Station.....@ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to Flower wagon	2	—
Deliver Flowers to Cslt. P.B. Todeo	15	—
Removal Charges		
Procuring Burial Permit (State Number and District)	1	—
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax		
Outlay for Lot		
Cremation		
Flowers, $.....Palms, $.....Matting, $		
Rental of Tent, $....of Temporary Vault, $		
Opening of Grave or Tomb	32	00
Lining Grave, $.....Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $.....Singers, $....Organist, $		
Railroad or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced Mass	15	—
Out of town Undertaker's Charges		
Personal Service Democrat	2	—
Examiner 2 issues	16	08
....line Death Notices in.....Papers		
Index Tribune (Names of Newspapers)	2	58
Sales Tax	4	06
Total Footing of Bill	399	72
Less	15	50
Balance	384	22

Entered into Ledger, page......or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$ Aug	5, 43	By Payment In full	$384.22	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $.............. Names of Lodges.............. Insurance Companies..............

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.............. (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..........days from date. Interest to accrue from maturity at the rate of..........% per annum.

Signed..............

Witness.............. Address..............

184

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 29 1943

Name of Deceased Edward J. Lennon White

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Sonoma B-4-22 ☐ Husband ☐ Wife ☐ Widow } Lillian E. 55

or..... of } Age of Husband or Wife (if living)..... Years

Charge to Mrs Lillian E. Lennon

Address B-4-22 Sonoma -

Order given by..... (or informant)

How Secured .....

If Veteran, State War Spanish American

Occupation Farmer Unk (Social Security Number)

Employer and Address .....

Date of Death July 29, 1943 (Date) 2:45 a.m. (Hour)

Date of Birth June 29, 1877

Age 66 (Years) 1 (Months) 0 (Days)

Date of Funeral Aug 2. Mon (Date) (Day of Week) 9 A. M. (Hour)

Services at St. Frances

Clergyman..... (Address)

Religion of the Deceased Catholic

Birthplace New York

Resided in the State 35 - (or U. S. or City or County) (Years) (Months)

Place of Death Veteran's Home Calif

Cause of Death Arteriosclerotic Brights Disease

Contributory Causes Arteriosclerosis Generalized

.....

Certifying Physician R. L. Simpson M.D. (or Coroner)

His Address Veterans Home Calif

Name of Father William Lennon

His Birthplace New York

Maiden Name of Mother Katherine Burns

Her Birthplace New York

Motor / ~~Ship~~ } Remains to .....

Size of Casket 6/3 345 #P. #4R. (State Color and Number)

Manufactured by S. F. Casket Co.

Cemetery / Crematory } Golden Gate National Cemetery -

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 295	-
Casket 210		
Burial Vault or Box Redwood Vault (State Kind) 0	15	-
Embalming Body 25 (Name of Embalmer)		
Barber, $ Hair Dressing, $ 25		
Dressing Body, $ Underwear, $ 25		
Suit or Dress Blue Serge (State Kind and Color)		
Slippers, $ Hose, $ 1.5		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines To S.F. @ $	20	-
Autos to R. R. Station @ $		
Getting Remains from 1/2 — 147.50		
Taking Remains to S.F. 15.00		
Trip to Coroner's Inquest 162.50		
Delivering Box to 2.50		
Deliver Flowers to 4.06		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No.		
Pall Bearer Service, $ Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ Singers, $ Organist, $		
Railroad / Motor } Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
line Death Notices in Indep Papers	2	58
(Names of Newspapers) Mass	15	-
	4	06
Sales Tax		
Total Footing of Bill	$ 351	64
Less $15.50 = 30 days	$ 10	50
Balance	$ 336	14

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Collect $336.00 from V. Bureau							
	To Above Balance	$	$	Aug 3,43	To Balance Forward		$
	By Payment	$	$		By Payment	236 14	$ —
	" "	$	$		" "	$	$
Mailed Discharge Papers to Mrs		$	$	June 27, 1944	" "	$ 100 —	$
Lennon	Oct. 11, 43	$	$		" "	$	$
5-12-44	Gave signed Papers (3rd set) to ARG. To mail to Vets bureau.	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness.....

Signed.....

Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Family

185

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry August 1 1943

Name of Deceased Fred Beals Greenwood White
☐ Married ☐ Single ☐ Widower ☐ Divorced (What Race)

Residence Glen Ellen, Rural ☐ Husband ☐ Wife ☐ Widow } Edna F. 57
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Edna F. Greenwood

Address Gen. Del. Glen Ellen, Cal.

Order given by ..... (or informant)

How Secured .....

If Veteran, State War None

Occupation Farmer None (Social Security Number)

Employer and Address .....

Date of Death August 1, 1943 4:30 P.M. (Date) (Hour)

Date of Birth Nov 22, 1873

Age 69 (Years) 8 (Months) 9 (Days)

Date of Funeral Aug 3 (Day) Tue (Day of Week) 2:30 P.M. (Hour)

Services at Chapel —

Clergyman Rev. —
(Address)

Religion of the Deceased .....

Birthplace Topeka Kansas

Resided in the State ..... (or U. S. or City or County) 5 (Years) ..... (Months)

Place of Death Home —

Cause of Death Carcinoma of rectum

Contributory Causes Gen. Arteriosclerosis & Hypertension Chr.

Certifying Physician Dr. Carroll B. Andrews (or Coroner)

His Address Sonoma Cal.

Name of Father Jonas E. Greenwood

His Birthplace Grafton, Mass.

Maiden Name of Mother Arbeba Beals

Her Birthplace Andros Coggin Co, Maine

Motor Ship } Remains to .....

Size of Casket 6/3 #13 Grayette (State Color and Number)

Manufactured by .....

Cemetery Crematory } Mt. Cemetery Sonoma, Cal.

Diagram of Lot or Vault

Lot No. .....
Grave No. .....
Section No. .....
Block No. .....
Owner .....

Complete Funeral (except outlays)	$ 145	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Underwear, shirt & Tie (State Kind and Color)	3	54
Slippers, $ ..... Hose, $ 1/2 = 72.50		
Folding Chairs, $ ..... Tarpaulin, $ Cr. 15.00		
Candelabrum, $ ..... Candles, $ Under 3.50		
Door Spray, $ ..... Gloves, $	9	00
Funeral Car, $ ..... Ambulance, $	2	50
Limousines to Cemetery ..... @ $	2	28
Extra Limousines ..... @ $ 1/2 = 12.50		
Autos to R. R. Station ..... @ $ Cr. 15.00		
Getting Remains from Undertaker 3.45		
Taking Remains to 40.95		
Trip to Coroner's Inquest 2.50		
Delivering Box to 2.28		
Deliver Flowers to —		
Removal Charges Permit	6	—
Procuring Burial Permit 2 Polk (State Number and District)	2	—
Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	28	—
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....		
....line Death Notices in N.Y. Papers		
..... Monitor (Names of Newspapers)	5	—
.... Mrs. Winstead	5	—
.....		
Sales Tax	2	19
Total Footing of Bill	$ 211	73
Less 5% 30 days —	$ 8	—
Balance	$ 203	73

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$ Aug 3 43		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$ Aug 7, 43 In full		" "	$ 203 73	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

186

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry August 2 1943

Name of Deceased John Marsh White

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Fetters Springs Cal. ☐Husband ☐Wife ☐Widow } Emily L. 75

or..... of } Age of Husband or Wife (if living) Years

Charge to Mrs. Emily L. Marsh

Address P.O. Bx 22 Fetters Springs

Order given by (or informant)

How Secured

If Veteran, State War None

Occupation Retired Cabinet Builder None (Social Security Number)

Employer and Address

Date of Death Aug 2 1943 (Date) 10:25 AM (Hour)

Date of Birth Jan 15 1866

Age 77 (Years) 6 (Months) 17 (Days)

Date of Funeral Aug 4 (Date) Wed (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev Baron Kenwood Cal (Address)

Religion of the Deceased

Birthplace England

Resided in the State 55 years (or U. S. or City or County) (Years) (Months)

Place of Death Home Idral Resort

Cause of Death Myocardial failure

Contributory Causes Gen Arteriosclerosis & Hypertension

Certifying Physician C. B. Andrews M.D. (or Coroner)

His Address Sonoma Cal

Name of Father John Marsh

His Birthplace England

Maiden Name of Mother Unknown

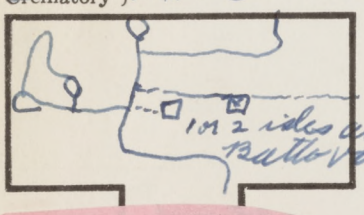
Her Birthplace England

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Mt Cemetery Sonoma Cal



Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 330 -
Casket	
Burial Vault or Box (State Kind)	15 -
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $ 1/2 = 165.00	
Autos to R. R. Station @ $ 1/2 15.00	
Getting Remains from 18.00 2.5	
Taking Remains to	
Trip to Coroner's Inquest 4.50	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	4 -
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)	
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	28 -
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ Singers, $ Organist, $	
Railroad or Motor } Tickets, $ Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service Minister (By Themselves)	
....line Death Notices in Index Papers (Names of Newspapers)	2 58
Sales Tax	4 50
Total Footing of Bill	$ 384 08
Less 30 days @ 17.25	$ 17 25
Balance	$ 366 83

Entered into Ledger, page .....or below.

Casket No. 4485 HP
Size 6/6
Covering #4C
Description Shasta Panel & Shasta Pillow Lined Crepe Pillow Set 453 3x0 But & NT Handles

Date		Amount Paid	Balance
	To Balance Forward		
8-21-43	By Payment in full	$ 366 83	
	" "		
	" "		
	" "		
	" "		
	" "		
	" "		

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Burial Thurs. 10:AM

187

RECORD OF FUNERAL

Total No. ..... Yearly No. 5 ..... Date of Entry Aug 6 1943

Name of Deceased Marie Coulier

☐ Married ☐ Single ☐ Widowed ☐ Divorced — White (What Race)

Residence Cabral Rock Quarry Glen Ellen ☐ Husband ☒ Wife ☐ Widow } Justin Coulier

Charge to Justin Coulier or ..... of } Age of Husband or Wife (if living) ..... Years

Address R.F.D. Glen Ellen

Order given by "

(or informant)

How Secured Cash: Less than 30 dy

If Veteran, State War no

Occupation Housewife

(Social Security Number)

Employer and Address

Date of Death Aug 6/43 (Date) 10:P.M. (Hour)

Date of Birth April 20, 43

Age 55 (Years) 3 (Months) 16 (Days)

Date of Funeral 8/9/43 (Date) Monday (Day of Week) 10 A.M. (Hour)

Services at St Francis

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace France

Resided in the State (or U. S. or City or County) 31 (Years) (Months)

Place of Death Cabral Rock Quarry Glen Ellen

Cause of Death Myocardial failure Rheumatic endocarditis mitral insufficiency and decompensation

Contributory Causes

Certifying Physician C. B. Andrews (or Coroner)

His Address Sonoma

Name of Father — Bellone

His Birthplace France

Maiden Name of Mother —

Her Birthplace France

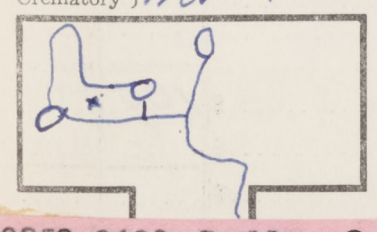
Motor Ship } Remains to

Size of Casket

(State Color and Number)

Manufactured by

Cemetery Crematory } Mt. Sonoma



Lot No.

Grave No.

Section No.

Block No.

Complete Funeral (except outlays)	$ 380 —
Casket	
Burial Vault or Box (State Kind)	15 —
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from ..... 1/2 — 190.00	15.00
Taking Remains to ..... St. — 205.00	1
Trip to Coroner's Inquest	2.5
Delivering Box to	5.13
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	6 —
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax ..... $	
Outlay for Lot ..... 4 Poles	4 —
Cremation	
Flowers, $ Casket Sprays Marking, $	15 —
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	3.2 — 0.0.
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ ..... Organist, $	
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service ..... Mass	15 —
....line Death Notices in ..... Papers — Posted	2.58
(Names of Newspapers)	
certified certificate	1
Sales Tax	5.13
Total Footing of Bill ..... $	475.71
Less ..... $	19.25
Balance ..... $	456.96

Entered into Ledger, page ..... or below.

9258-94C0 Swells Order No.
6/3 Date 3/10/43

#285 S.F.C.Co
Sea Foam

Atwood of Pink Back Rosetan Stanwyx
B & PBP to match
420 3x0 Seafoam Handles
BATES & EVANS

	Balance	Date		Amount Paid	Balance
		Sept 20, 43	To Balance Forward		$
			By Payment	$ 456 96	$
			" " In full	$	$
			" "	$	$
			" "	$	$
			" "	$	$
			" "	$	$

Took Statement Aug 18, 1943.

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Aug 6 1943

Name of Deceased John Peteroff

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W.

Residence Eldridge Calif.

☐ Husband ☐ Wife ☐ Widow } Single
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Virginia Peteroff (Sister)

Address 310 4th Lily St. San Francisco

Order given by Percy Miller (Guarantee)
(or informant)

How Secured Regular Payments

If Veteran, State War no

Occupation none
(Social Security Number)

Employer and Address

Date of Death Aug 6 43 9:25 P.M.
(Date) (Hour)

Date of Birth Mar 4 1912

Age 31 (Years) 5 (Months) 2 (Days)

Date of Funeral 8/9/43 (Date) Mon (Day of Week) 3:30 P. M. (Hour)

Services at Valley Cemetery

Clergyman .....
(Address)

Religion of the Deceased

Birthplace Berkeley Calif.

Resided in the State Life
(or U. S. or City or County) (Years) (Months)

Place of Death Eldridge

Cause of Death Chr. Myocarditis

Contributory Causes Congenital syphilis

.....

Certifying Physician E. J. Finnerty
(or Coroner)

His Address Eldridge

Name of Father Mike Peteroff

His Birthplace Bulgaria

Maiden Name of Mother Vivian Mikoff

Her Birthplace Bulgaria

Motor Ship } Remains to .....

Size of Casket 3 Cor. Chime A. Cyp
(State Color and Number)

Manufactured by .....

Cemetery Crematory } Valley Sonoma

Regular metal grave marker.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays) Guaranteed	$	100 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $ 1/2 = 62.50		
Door Spray, $ ..... Gloves, $ 2.50		
Funeral Car, $ ..... Ambulance, $ 1.50		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to Sonoma 1.45		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
..... line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	100 00
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$	Aug 9 43	P Miller By Payment	$ 25 —	$
	" "	$	$	Dec. 20-43	P Miller in full	$ 75	$ none
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry August 17 1943

Name of Deceased Johanna A. Ohlson (What Race) white

☐ Married ☑ Single ☒ Widowed ☐ Divorced

Residence Rt. 1 Bx 551 Sonoma

☐ Husband ☐ Wife ☐ Widow of ..... Age of Husband or Wife (if living) John ..... Years

Charge to Mrs. Kay Macabee

Address Rt. 1 Bx 551 Sonoma

Order given by ..... (or informant)

How Secured .....

If Veteran, State War None

Occupation Housewife (Social Security Number) None

Employer and Address .....

Date of Death Aug. 17. 1943 (Date) 8:20 P.M. (Hour)

Date of Birth Jan. 13. 1865

Age 78 (Years) 7 (Months) 4 (Days)

Date of Funeral 8/20/43 (Date) Fri. (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev. Perry (Address)

Religion of the Deceased .....

Birthplace Sweden

Resided in the State 50 years (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Generalized Carcinomatosis

Contributory Causes Living Kidney Suppression Carcinoma Left Breast

Certifying Physician Wm J. Newman (or Coroner)

His Address Sonoma, Cal.

Name of Father Unknown Nelson

His Birthplace Sweden

Maiden Name of Mother Unknown

Her Birthplace Sweden

Motor / Ship } Remains to .....

Size of Casket Silver & Gold. (State Color and Number)

Manufactured by .....

Cemetery / Crematory } Mt. Cemetery Sonoma

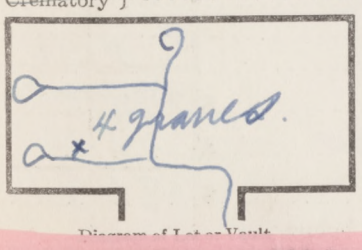

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	330 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $ 1/2 = 165.00		
Funeral Car, $ ..... Ambulance, $ 15.00		
Limousines to Cemetery ..... @ $ 18000		
Extra Limousines ..... @ $ 2.5		
Autos to R. R. Station ..... @ $ 4.50		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		4 —
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		32 —
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		5 —
....line Death Notices in Local Papers		2 58
Examiner (Names of Newspapers)		5 76
Mrs. Halstead		5 —
Sales Tax		4 50
Total Footing of Bill	$	403 84
Less	$	17 25
Balance	$	386 59

Entered into Ledger, page ..... or below.

CASKET No. 5910 **Size** 6/3

COVERING Shade #975 Silver & Gold Cascade. Colo Casket Co.

DESCRIPTION Interior white over flesh with #1347 flesh drapes. 1 Set #880 Gold Enamel & Goldtone Ext. handles put on

Return This Label for Duplicate

Date		Amount Paid		Balance	
8-21-43	In full. To Balance Forward	386	59	$	
	By Payment	$		$	
	" "	$		$	
	" "	$		$	
	" "	$		$	
	" "	$		$	
	" "	$		$	
	" "	$		$	

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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car Family

RECORD OF FUNERAL

Total No. 2 Yearly No. ..... Date of Entry August 22 1943

Name of Deceased George Petrini White
☑ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Toscano Hotel Sonoma ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Joseph Petrini

Address R.F.D. Box 276 Santa Cruz, Calif

Order given by ..... (or informant)

How Secured .....

If Veteran, State War None

Occupation Cheese Maker (Social Security Number)

Employer and Address Mission Creamery Sonoma

Date of Death Aug 22 1943 3 A.M. (Date) (Hour)

Date of Birth 1886

Age 57 (Years) (Months) (Days)

Date of Funeral August 25 Wed 10 A.M. (Date) (Day of Week) (Hour)

Services at Catholic Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Italy

Resided in the State ..... 40 - (or U. S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death Cardiac decompensation

Contributory Causes Coronary Occlusion

Associated with Syphilitic heart disease

Certifying Physician Wm J. Newman M.D. (or Coroner)

His Address Sonoma Calif

Name of Father Basilio Petrini

His Birthplace Italy

Maiden Name of Mother Unknown

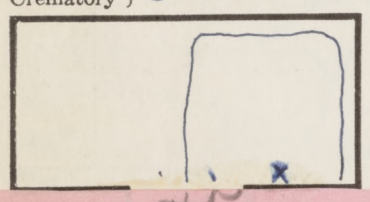
Her Birthplace Italy

Motor / Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery / Crematory } Catholic Cemetery Sonoma Calif



Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Complete Funeral (except outlays)	$	330 -
Casket		
Burial Vault or Box (State Kind)		15 -
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $ 1/2 — 165.00		
Extra Limousines ..... @ $ 84 15 —		
Autos to R. R. Station ..... @ $		
Getting Remains from 180.00		
Taking Remains to ..... 2.5 —		
Trip to Coroner's Inquest 4.50		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___		
Pall Bearer Service, $ .... Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot ... Single grave		15 —
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		12 50
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Mass		15 —
....line Death Notices in Postal Papers		2 58
La Voce Del Popolo		3 50
Calif (Names of Newspapers)		
		4 50
Sales Tax		
Total Footing of Bill	$	398 08
Less 30 days	$	17 25
Balance	$	380 83

...red into Ledger, page ..... or below.

Casket No. 1909 TP
Size 6/3
Order No.
Date 8/1/43
Covering 347 S.F. C. Co.
Description Baron Panel & Pillow domet bed
Lined white crepe de chene
3090 3x0-Hdls & 74 corners

Date		Amount Paid	Balance
	To Balance Forward		$
Aug 25 '43	By Payment in full	$380 83	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 9 Yearly No. Date of Entry August 28 1943

Name of Deceased Giovanni Branchini White

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Sonoma Grove Sonoma ☐Husband ☐Wife ☐Widow of ..... Race -

Charge to Armando Branchini Age of Husband or Wife (if living) ..... Years

Address Sonoma Grove Sonoma

Order given by ..... (or informant)

How Secured .....

If Veteran, State War None -

Occupation Farmer None (Social Security Number)

Employer and Address .....

Date of Death August 28, 1943 (Date) (Hour)

Date of Birth July 5 1871

Age 72 (Years) 1 (Months) 23 (Days)

Date of Funeral Aug. 31 - Tue (Date) (Day of Week) 10:30 AM (Hour)

Services at St. Frances

Clergyman ..... (Address)

Religion of the Deceased .....

Birthplace Italy -

Resided in the State 57 (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co. Hospital -

Cause of Death Chr. Tuberculosis

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address Sonoma Co. Hospital -

Name of Father Unknown Branchini

His Birthplace Italy -

Maiden Name of Mother Ercelia Succinelli

Her Birthplace Italy -

Motor Ship } Remains to .....

Size of Casket 6/6 - #46 #64 Cedar Tioga (State Color and Number)

Manufactured by So. Cal. Casket Co.

Cemetery Crematory } Mt. Cemetery Sonoma, Cal.

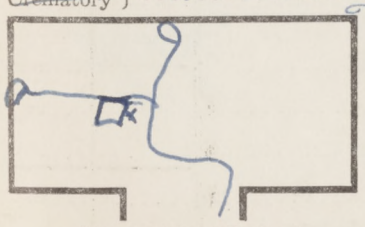


Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$ 325	-
Casket No. B24		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 1/2 - 162.50		
Taking Remains to 3.5		
Trip to Coroner's Inquest 4.06		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	4	-
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of ~~Grave~~ or Tomb		—
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
~~Cash~~ Advanced Mass	15	-
Out of town Undertaker's Charges Chronicle	5	15
Personal Service Examiner	5	89
Mt. Cemetery Sexton Fee	5	-
.... line Death Notices in ..... Papers		
Democrat	2	-
(Names of Newspapers) Index Tribune	2	58
Sales Tax	4	06
Total Footing of Bill	$ 363	68
Less	$ 16	25
Balance	$ 347	43

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$	Sept 6,43	To Balance Forward	$	$
	By Payment	$	$		By Payment P.D. in full	$ 347 26	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

192

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Aug 31 1943

Name of Deceased Everett Gale Motschenbacher

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W

Residence Eldridge ☐Husband ☐Wife ☐Widow or ..... of } Single

Charge to: Klammath Funeral Home Age of Husband or Wife (if living) ..... Years

(Ward)

Address Klamath Falls, Oregon

Order given by Mrs. Ward by phone 2/1943

(or informant)

How Secured Mrs. Ward Cash

If Veteran, State War

Occupation —

(Social Security Number)

Employer and Address

Date of Death 8/31/43 7:35 P.M.

(Date) (Hour)

Date of Birth June 28, 1921

Age 22 2 3

(Years) (Months) (Days)

Date of Funeral ..... M.

(Date) (Day of Week) (Hour)

Services at Klammath Falls

Clergyman

(Address)

Religion of the Deceased

Birthplace

Resided in the State Life

(or U. S. or City or County) (Years) (Months)

Place of Death Eldridge

Cause of Death Hypostatic Pneumonia

Contributory Causes Emaciation

Malignancy, Inoperable

Certifying Physician J. Williams

(or Coroner)

His Address Eldridge

Name of Father Clarence Motschenbacher

His Birthplace N. Dakota

Maiden Name of Mother Anna Hutchens

Her Birthplace Calif.

Motor Ship } Remains to

Size of Casket 5/0 #14 White Embalming

(State Color and Number)

Manufactured by A. J. C. Co.

Cemetery Crematory } To Klammath Falls Oregon

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (exceptoutlays)	$	
Casket, 307, Embalming & Clothes	$100	—
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from Out of State		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to No Tax		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
..... :		
.... line Death Notices in ..... Papers		
(Names of Newspapers)		
Sales Tax Out of State		Nil
Total Footing of Bill	$	100 —
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward		$
9/1/43	By Payment Mr. Ward	$	$ Sept 13 43		By Payment Paid	$100 —	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....

(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

193

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept 3 1943

Name of Deceased Paul Vincent Vannucchi White
(What Race)

☒ Married ☑ Single ☐ Widowed ☐ Divorced

Residence Paul's Resort El Verano Caly ☐ Husband ☐ Wife ☐ Widow of ..... Louise 51
Age of Husband or Wife (if living) Years

Charge to Mrs Louise Vannucchi

Address El Verano Caly

Order given by (or informant)

How Secured

If Veteran, State War none

Occupation Resort Owner None
(Social Security Number)

Employer and Address

Date of Death Sept 3 1943 12 noon
(Date) (Hour)

Date of Birth Oct 29 1884

Age 58 (Years) 10 (Months) 4 (Days)

Date of Funeral Sept 7 (Date) Tue. (Day of Week) 9:30 A.M. (Hour)

Services at Gantner Felder & Kenny Rt

Clergyman (Address)

Religion of the Deceased

Birthplace San Francisco Caly

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Coronary Thrombosis

Contributory Causes See Certificate for more

Certifying Physician C. B. Andrews M.D. (or Coroner)

His Address Sonoma, Caly

Name of Father Unknown Vannucchi

His Birthplace Italy

Maiden Name of Mother Rosalia Solari

Her Birthplace Italy

Motor / Ship } Remains to San Francisco

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Italian Cemetery S. F.

Lot No.

Grave No.

Section No.

Block No.

Complete Funeral (except outlays) to San Francisco	$	300 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 1/2 — 150.00		
Taking Remains to 2.5 —		
Trip to Coroner's Inquest 3.75		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Democrat & Republican		2.00
....line Death Notices in ..... Papers (Names of Newspapers)		—
		3 75
Sales Tax		
Total Footing of Bill	$	305 75
Less	$	15 —
Balance	$	290 75

SERIAL No. 709

X-RAY LABORATORY

CASKET No. 6012 Size 6/6 Date 6/29/43

G. No. 4110

COVERING Shade #64 Cedar Tioga.
C. C. Co.

DESCRIPTION Hinged cap #1431 Peachtan ballet shirred 6 needle horizontal.
1 - #1431 Peachtan pillow set square 6 needle shirred pillow.
1 set handles.
Trim complete.

edger, page ..... or below.

	Amount Paid	Balance
To Balance Forward		$
By Payment Oct 43 In full	$ 290 75	$
" "	$	$
" "	$	$
" "	$	$
" "	$	$
" "	$	$
" "	$	$

Insurance Companies.....

gally available to.....
(Firm Name of Funeral Directors.)

.....days from date. Interest to accrue from

.....

.....

Io.

the body of my husband, Mr Paul Vannucchi
signed:

DATE Sept. 3, 1943. Mrs. Paul Vannucchi M. D.

Witness. Carroll B. Andrews, M.D.

192

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Aug 31 1943

Name of Deceased Everett Gale Motschenbacher

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Eldridge ☐Husband ☐Wife ☐Widow } Single

Charge to Klamath Funeral Home (Ward) or ..... of } Age of Husband or Wife (if living) ..... Years

Address Klamath Falls, Oregon

Order given by Mr. Ward by phone 2/9/43

(or informant)

How Secured Mr. Ward Cash

If Veteran, State War .....

Occupation — —

(Social Security Number)

Employer and Address .....

Date of Death 8/31/43 7:35 P.M.

(Date) (Hour)

Date of Birth June 28, 1921

Age 22 2 3

(Years) (Months) (Days)

Date of Funeral ..... M.

(Date) (Day of Week) (Hour)

Services at Klamath Falls

Clergyman .....

(Address)

Religion of the Deceased .....

Birthplace .....

Resided in the State Life

(or U. S. or City or County) (Years) (Months)

Place of Death Eldridge

Cause of Death Hypostatic Pneumonia

Contributory Causes Emaciation

Phlegmay, Imbecile

Certifying Physician J. Williams

(or Coroner)

His Address Eldridge

Name of Father Clarence Motschenbacher

His Birthplace N. Dakota

Maiden Name of Mother Anna Hutchens

Her Birthplace Calif.

Motor Ship } Remains to .....

Size of Casket 5/0 #14 White Embalm

(State Color and Number)

Manufactured by A-T-C Co.

Cemetery Crematory } To Klamath Falls Oregon

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	
Casket, Box, Embalming & Clothes	100	—
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from Out of State		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to No Tax		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....		
....line Death Notices in ..... Papers		
(Names of Newspapers)		
.....		
Sales Tax Out of State		—
Total Footing of Bill	$	100 —
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
9/1/43	By Payment Statement to Mr. Ward	$	$	Sept 13 43	By Payment Paid in full	$ 100 —	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....

(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept 3 1943

Name of Deceased Paul Vincent Vannucchi White
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Paul's Resort El Verano Cal. ☒ Husband ☐ Wife ☐ Widow of Louise 51
Age of Husband or Wife (if living) Years

Charge to Mrs Louise Vannucchi

Address El Verano Cal

Order given by (or informant)

How Secured

If Veteran, State War None

Occupation Resort Owner None (Social Security Number)

Employer and Address

Date of Death Sept 3 1943 (Date) 12 noon (Hour)

Date of Birth Oct 29, 1884

Age 58 (Years) 10 (Months) 4 (Days)

Date of Funeral Sept 7 (Date) Tue (Day of Week) 9:30 A.M. (Hour)

Services at Gantner Felder & Kenny Rm (Address)

Clergyman

Religion of the Deceased

Birthplace San Francisco Cal

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Coronary Thrombosis

Contributory Causes See Certificate for more

Certifying Physician C. B. Andrews M.D. (or Coroner)

His Address Sonoma Cal

Name of Father Unknown Vannucchi

His Birthplace Italy

Maiden Name of Mother Rosalia Solari

Her Birthplace Italy

Motor Ship } Remains to San Francisco

Size of Casket

Manufactured by

Cemetery } Crema

Complete Funeral (except outlays) to San Francisco	$ 300	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from 1/2 — 150.00		
Taking Remains to 2.5		
Trip to Coroner's Inquest 3.75		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Democrat & Republican	2	00
... line Death Notices in ... Papers		—
(Names of Newspapers)		—
Sales Tax	3	75
Total Footing of Bill	$ 305.	75
Less	$ 15.	—
Balance	$ 290.	75

ledger, page ... or below.

	Amount Paid		Balance	
To Balance Forward			$	
By Payment	$		$	
" "	$		$	
" "	$		$	
" "	$		$	
" "	$		$	
" "	$		$	
" "	$		$	

Insurance Companies

gally available to (Firm Name of Funeral Directors.)

days from date. Interest to accrue from

No.

TELEPHONE 155 X-RAY LABORATORY

OF... SU... G. NO. 4110

'43

Oct 4 43 In full

PATIENT Mr. Paul Vannucc... ..., Cal.

℞ Permit for Post Mo... ...tion.

I, Mrs. Louise Vannucchi, a...
Paul Vannucchi, here by give ... ission
to Dr. Carroll B. Andrews to perfomm
an autopsey (post mortem examination) on
the body of my husband, Mr Paul Vannucchi
signed:

DATE Sept. 3, 1943. Mrs. Paul Vannucchi M.D.
witness. Carrol B Andrews, M.D.

192

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Aug 31 1943

Name of Deceased Everett Gale Motschenbacher

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) White

Residence Eldridge

☐ Husband ☐ Wife ☐ Widow } Age of Husband or Wife (if living) ..... Years
or ..... of

Charge to Klamath Funeral Home (Ward)

Address Klamath Falls, Oregon

Order given by Mr. Ward by phone 2/9/43
(or informant)

How Secured Mr. Ward Cash

If Veteran, State War

Occupation —

(Social Security Number)

Employer and Address

Date of Death 8/31/43 7:35 P.M.
(Date) (Hour)

Date of Birth June 28, 1921

Age 22 (Years) 2 (Months) 3 (Days)

Date of Funeral ..... M.
(Date) (Day of Week) (Hour)

Services at Klamath Falls

Clergyman .....
(Address)

Religion of the Deceased

Birthplace

Resided in the State Ore. Life
(or U. S. or City or County) (Years) (Months)

Place of Death Eldridge

Cause of Death Hypostatic Pneumonia

Contributory Causes Emaciation

Epilepsy, Imbecile

Certifying Physician J. Williams
(or Coroner)

His Address Eldridge

Name of Father Clarence Motschenbacher

His Birthplace N. Dakota

Maiden Name of Mother Anna Hutchens

Her Birthplace Calif.

Motor Ship } Remains to

Size of Casket 5/0 #14 White Embalm
(State Color and Number)

Manufactured by A-T-C Co.

Cemetery Crematory } To Klamath Falls Oregon

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket, 304, Embalming & Clothes	100	—
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from Out of State		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to No Tax		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....		
....line Death Notices in ..... Papers (Names of Newspapers)		
.....		
Sales Tax Out of State		—
Total Footing of Bill	$	100 —
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
9/1/43	By Payment Statement to Mr Ward.	$	$	Sept 1 '43	By Payment Full	$ 100 —	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept 3 1943

Name of Deceased Paul Vincent Vannucchi (What Race) White

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Paul's Resort El Verano Cal. ☒ Husband ☐ Wife ☐ Widow of Louise Age of Husband or Wife (if living) 51 Years

Charge to Mrs Louise Vannucchi

Address El Verano Cal.

Order given by (or informant)

How Secured

If Veteran, State War None

Occupation Resort Owner (Social Security Number) None

Employer and Address

Date of Death Sept 3 1943 (Date) 12 noon (Hour)

Date of Birth Oct 29, 1884

Age 58 (Years) 10 (Months) 4 (Days)

Date of Funeral Sept 7 (Date) Tue (Day of Week) 9:30 A.M. (Hour)

Services at Gantner Felder & Kenny Rt (Address)

Clergyman

Religion of the Deceased

Birthplace San Francisco Cal.

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Coronary Thrombosis

Contributory Causes See Certificate for more

Certifying Physician C. B. Andrews M.D. (or Coroner)

His Address Sonoma, Cal.

Name of Father Unknown Vannucchi

His Birthplace Italy

Maiden Name of Mother Rosalia Solari

Her Birthplace Italy

Motor / Ship Remains to San Francisco

Size of Casket

Complete Funeral (except outlays) to San Francisco	$ 300 —
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ... Hair Dressing, $	
Dressing Body, $ ... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ... Hose, $	
Folding Chairs, $ ... Tarpaulin, $	
Candelabrum, $ ... Candles, $	
Door Spray, $ ... Gloves, $	
Funeral Car, $ ... Ambulance, $	
Limousines to Cemetery ... @ $	
Extra Limousines ... @ $	
Autos to R. R. Station ... @ $	
Getting Remains from 1/2 — 150.00	
Taking Remains to 2.5 —	
Trip to Coroner's Inquest 3.75	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)	
Pall Bearer Service, $ ... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ ... Palms, $ ... Matting, $	
Rental of Tent, $ ... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ... Singers, $ ... Organist, $	
Railroad / or Motor Tickets, $ ... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service	
Democrat & Republican	2 00
... line Death Notices in ... Papers	—
(Names of Newspapers)	
	3 75
Bill	$ 305 75
	$ 15 —
Balance	$ 290 75

ledger, page ... or below.

		Amount Paid		Balance	
	To Balance Forward			$	
	By Payment 643 in full	$ 290	75	$	
	" "	$		$	
	" "	$		$	
	" "	$		$	
	" "	$		$	
	" "	$		$	

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed

Witness

Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

194

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept 3 1943

Name of Deceased Rudolph G. Lange White

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Austin Way Sonoma ☐Husband ☐Wife ☐Widow of..... Georgia 64

Age of Husband or Wife (if living)..... Years

Charge to Mrs. Georgia Lange

Address Austin Way Sonoma

Order given by..... (or informant)

How Secured.....

If Veteran, State War None

Occupation Bldg Contractor None (Social Security Number)

Employer and Address.....

Date of Death Sept 3, 1943 (Date) 11:35 Am (Hour)

Date of Birth May 24, 1887

Age 57 (Years) 3 (Months) 19 (Days)

Date of Funeral Sept 6 (Date) Mon. (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev Boren Kenwood (Address)

Religion of the Deceased.....

Birthplace Sauk Center, Minnesota

Resided in the State 23 (or U. S. or City or County) (Years) (Months)

Place of Death Stornetta's Ranch

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Vernon Silvershield (or Coroner)

His Address Santa Rosa, Calif

Name of Father Frederick Lange

His Birthplace Unknown Germany

Maiden Name of Mother Anna Klenschmidt

Her Birthplace Germany

Motor / Ship } Remains to.....

Size of Casket 6/6 #46-64 Cedar Tioga (State Color and Number)

Manufactured by Calif Casket Co.

Cemetery / Crematory } Mt. Cemetery Sonoma, Calif

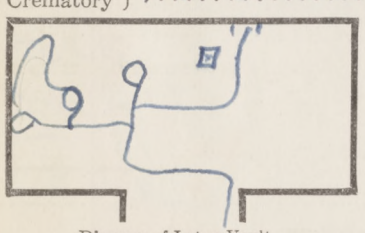


Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 310	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ½	15.00	
Taking Remains to Bx	15.00	
Trip to Coroner's Inquest	17.00	
Delivering Box to	2.50	
Deliver Flowers to	4.25	
Removal Charges		
Procuring Burial Permit (State Number and District)	1	-
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb	35	-
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad / Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Rev. Boren	5	00
line Death Notices in ..... Papers		
Indix Tribune (Names of Newspapers)	2	58
Singer - Mrs. Philbrook	5	00
Sales Tax	4	25
Total Footing of Bill	$ 377	83
Less 5% 30 days	$ 16	25
Balance	$ 361	58

Entered into Ledger, page..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$ Sept 7, 43 Paid in full		By Payment	$ 361 58	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

195

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept 7 1943

Name of Deceased Emma Francis Stephens (What Race) White

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 2nd St East Sonoma Caly ☐Husband ☐Wife ☐Widow or.....of } Age of Husband or Wife (if living).....Years

Charge to Mrs C L Funk

Address P.O. Box 884 Sonoma Caly

Order given by ll (or informant)

How Secured Monthly payments

If Veteran, State War none

Occupation At Home none (Social Security Number)

Employer and Address

Date of Death Sept 7 1943 (Date) 8:15 AM (Hour)

Date of Birth March 6, 1860

Age 83 (Years) 6 (Months) 1 (Days)

Date of Funeral Sept 9 (Date) Thurs (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev Perry Sonoma (Address)

Religion of the Deceased

Birthplace Kentucky

Resided in the State 5 months (or U. S. or City or County) (Years) (Months)

Place of Death Victory Hospital Napa Caly

Cause of Death Myocardial Failure

Contributory Causes Myocarditis

Certifying Physician G. K. McGrath M.D. (or Coroner)

His Address Sonoma, Caly

Name of Father Unknown Stephens

His Birthplace Kentucky

Maiden Name of Mother Unknown

Her Birthplace Kentucky

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Mt. Cemetery Sonoma, Caly

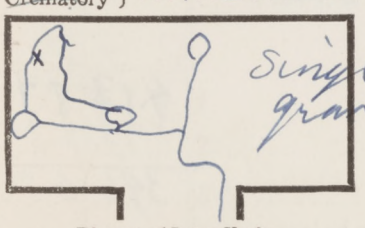


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	145 —
Casket		
Burial Vault or Box		15 —
(State Kind) Embalming Body		
(Name of Embalmer) Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress		
(State Kind and Color) Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from 1/2 =	7.50	
Taking Remains to ~~1/2~~	15.00	
Trip to Coroner's Inquest	5.00	
Delivering Box to	12.50	
Deliver Flowers to	2.19	
Removal Charges		
Procuring Burial Permit	1	—
(State Number and District) Certif. Copies of Death Certificates No.		
(State Physician's or Coroner's) Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ 5 Palms, $ 4.00 Matting, $	17	50
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb	28 —	
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ Singers, $ Organist, $		
Railroad or Motor } Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Mrs Hunstead Music	5 —	
line Death Notices in Papers		
Rest Farm (Names of Newspapers)	5 —	
Sales Tax	2 19	
Total Footing of Bill	$ 218	69
Less	$ 15	
Balance	$ 203	69

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	Sept 10 43	By Payment	$ 20 00	$
	" "	$	$	Sept 13 43	" "	$ 20 —	$
	" "	$	$	Feb 11 44	" "	$ 10 —	$
	" "	$	$	March 1 44	" "	$ 20 —	$
	" "	$	$	May 29 44	" "	$ 15 —	$
	" "	$	$	July 18 44	" "	$ 15	$
	" "	$	$	8/5/44	" "	$ 18	$

Insurance $..... Names of Lodges..... 10/11/44 — Insurance Companies Full 85 118

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept 11 1943

Name of Deceased Virginia Rubke W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Shellville Dist ☐Husband ☐Wife ☐Widow of Henry Rubke

Charge to Henry Rubke Age of Husband or Wife (if living)..... Years

Address Rt 1 Box 336 Sonoma

Order given by " (or informant)

How Secured

If Veteran, State War None

Occupation Housewife None (Social Security Number)

Employer and Address

Date of Death 9/11/43 (Date) 8:17 P.M. (Hour)

Date of Birth

Age 54 (Years) (Months) (Days)

Date of Funeral 9/14/43 (Date) Tues (Day of Week) 2:30 (Hour) P.M.

Services at Chapel

Clergyman (Address)

Religion of the Deceased Prod.

Birthplace New Mexico

Resided in the State (or U. S. or City or County) 40 (Years) (Months)

Place of Death Burndale

Cause of Death myocardial failure

Contributory Causes Chr myocarditis

Certifying Physician A. K. McGrath (or Coroner)

His Address Sonoma

Name of Father A. A. Neal

His Birthplace

Maiden Name of Mother

Her Birthplace New York.

Motor Ship } Remains to

Size of Casket 1/3 975 Sil & Gold Cascade ½ Ch. (State Color and Number)

Manufactured by Cal Coffin

Cemetery Crematory } Chapel of Grimes & Hood

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	345 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from ½ — 172.50 2.5		
Taking Remains to 4.31		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___		
Pall Bearer Service, $ ... Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation ... & permit		45 50
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Mrs Grunsleod Singer		5 00
... Minister		5 —
... line Death Notices in Post Papers		2 56
Examiner (Names of Newspapers)		4 50
Democrat		2 00
Sales Tax		4 31
Total Footing of Bill	$	413 87
Less 17.25 30 days	$	17 25
Balance	$	396 62

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Took Statement Sept 14, 1943	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$	Sept 16/43	By Payment	$	$
	" "	$	$		In full " "	396 62	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed ...

Witness ... Address ...

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept 12 1943

Name of Deceased Judith Ann Sheppard White

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence 460 Vallejo St S.F. ☐Husband ☐Wife ☐Widow of..... Age of Husband or Wife (if living).....Years

Charge to Geo. Sheppard

Address 460 Vallejo St. S.F.

Order given by..... (or informant)

How Secured.....

If Veteran, State War.....

Occupation Child (Social Security Number)

Employer and Address.....

Date of Death Sept 12, 1943 (Date) (Hour)

Date of Birth Sept 18, 1941

Age 1 (Years) 11 (Months) 24 (Days)

Date of Funeral Sept 15 (Date) wed (Day of Week) 2 P. M. (Hour)

Services at Episcopal Church

Clergyman Rev. Farrar Berkeley (Address) Calif

Religion of the Deceased.....

Birthplace San Francisco Calif

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Multiple fractures of Skull

Contributory Causes With Cerebral Lacerations & intracranial hemorrhage

Certifying Physician John J. Kingston MD (or Coroner)

His Address Coroner's Office S.F.

Name of Father George Sheppard

His Birthplace Los Angeles Calif

Maiden Name of Mother Jane Fiscetti

Her Birthplace Sonoma, Calif

Motor / Ship Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by.....

Cemetery / Crematory Mt. Cemetery Sonoma, Calif

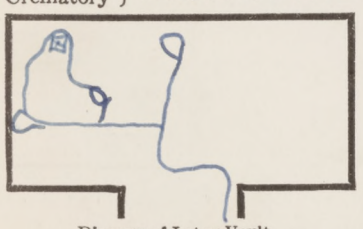

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 155	-
Casket		
Burial Vault or Box (State Kind)	10	-
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $ 1/2 = 77.50		
Extra Limousines ..... @ $ 2 = 10.00		
Autos to R. R. Station ..... @ $ 8 = 7.50		
Getting Remains from 2.5		
Taking Remains to 24.8		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to San Francisco Journal	1	-
Removal Charges		
Procuring Burial Permit (State Number and District)	1	00
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb	15	-
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
..... Chronicle	3	75
....line Death Notices in Exa Papers new	4	65
..... Indep't (Names of Newspapers)	2	56
	2	18
Sales Tax		
Total Footing of Bill ..... $	195	14
Less 9.75 30 days ..... $	9	75
Balance ..... $	185	39

Entered into Ledger, page..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	Sept 21	By Payment	$ 185.39	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Sept 18 1943

Name of Deceased Ethel Margaret McConalogue W.
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence .....
☐ Husband ☐ Wife ☐ Widow } Single
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs Ethel McConalogue

Address 2650-23rd ave, Oakland. Cal

Order given by .....
(or informant)

How Secured .....

If Veteran, State War .....

Occupation none none
(Social Security Number)

Employer and Address .....

Date of Death Sept 18, 43 7 A.M.
(Date) (Hour)

Date of Birth April 23, 1907

Age 36 4 25
(Years) (Months) (Days)

Date of Funeral 9/20/43 Mon 11 A.M.
(Date) (Day of Week) (Hour)

Services at St Francis

Clergyman .....
(Address)

Religion of the Deceased .....

Birthplace Berkeley, Cal.

Resided in the State Life
(In U. S. or City or County) (Years) (Months)

Place of Death Eldridge

Cause of Death Coronary occlusion

Contributory Causes Mitral stenosis
Post encephalitis

Certifying Physician Clarence O. Williams
(or Coroner)

His Address Eldridge, Cal.

Name of Father Wm McConalogue

His Birthplace San Francisco Calif.

Maiden Name of Mother Ethel Hynes

Her Birthplace San Francisco Calif.

Motor Ship } Remains to .....

Size of Casket 6/3 #23 Sil Doeskin
(State Color and Number)

Manufactured by .....

Cemetery Crematory } Sonoma Catholic Cem.

Diagram of Lot or Vault

Lot No. .....
Grave No. .....
Section No. .....
Block No. .....
Owner .....

Complete Funeral (except outlays)	$	185 00
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 12 —	92 50	
Taking Remains to Oak	15 00	
Trip to Coroner's Inquest	107 50	
Delivering Box to	107 50	
Deliver Flowers to	5 37 5	
Removal Charges	2 68 75	
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 1 grave		10 —
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		15 —
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
..... mass		15 —
.... line Death Notices in ..... Papers		
(Names of Newspapers)		
Sales Tax		2 68
Total Footing of Bill	$	242 68
Less 5% #200:	$	10 —
Balance	$	232 68

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$	Sept 1943	To Balance Forward		$
	By Payment	$	$		By Payment	$ 175 —	$
	" "	$	$	20	" "	$	$
	" "	$	$		" "	$ 57 67	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

71

199

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry ..Sept. 29..... 1943

Name of Deceased ..Angelina Espinosa..... White
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence ..Sonoma State Home..... ☐Husband ☐Wife ☐Widow
or.....of } Age of Husband or Wife (if living).....Years

Charge to ..Miss Inezetta Holt.....

Address ..Eldridge, Calif.....

Order given by.....
(or informant)

How Secured.....

If Veteran, State War ..None.....

Occupation ..None..... ..None.....
(Social Security Number)

Employer and Address.....

Date of Death ..Sept 29, 1943..... 6:40 P.M.
(Date) (Hour)

Date of Birth ..January 12, 1898.....

Age ..45..... 8..... 17.....
(Years) (Months) (Days)

Date of Funeral ..Oct 2..... Tues..... 9:30 A.M.
(Date) (Day of Week) (Hour)

Services at ..St. Frances.....

Clergyman.....
(Address)

Religion of the Deceased ..Catholic.....

Birthplace ..Santa Cruz, Caly.....

Resided in the State ..Life.....
(or U. S. or City or County) (Years) (Months)

Place of Death ..Sonoma State Home.....

Cause of Death ..Chr. Myocarditis with.....

Contributory Causes ..Spasmodic attacks of.....
..Arrhythmia Fibrillation.....

Certifying Physician ..Dr. King M.D.....
(or Coroner)

His Address ..Sonoma State Home.....

Name of Father ..John Espinosa.....

His Birthplace ..California.....

Maiden Name of Mother ..Sarara Orano.....

Her Birthplace ..Santa Cruz, Caly.....

Motor Ship } Remains to.....

Size of Casket.....
(State Color and Number)

Manufactured by.....

Cemetery Crematory } ..Catholic Cemetery: Sonoma, Caly.....

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	115 =
Casket		
Burial Vault or Box (State Kind)		15 -
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... 1/2 @ $		5.50
Getting Remains from 84		15.00
Taking Remains to		
Trip to Coroner's Inquest		7.25 2.50
Delivering Box to		
Deliver Flowers to		1.81
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation ..... 1 ..... Grave		15 00
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		15 00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
..... Mass		15 00
....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		1 81
Total Footing of Bill	$	176 81
Less	$	
Balance	$	

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
Nov. 24 43	By Payment Statement taken by Percy	$	$		By Payment	$	$
	" "	$	$	Nov 30, 1943	" In full	$ 176 81	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

200

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct 2 1943

Name of Deceased James Henry Twyman white

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Agua Caliente, Caly Rt 42 ☐Husband ☐Wife ☐Widow or.....of } Age of Husband or Wife (if living).....Years

Charge to Clyde Twyman

Address Rt 42 Agua Caliente, Caly

Order given by..... (or informant)

How Secured.....

If Veteran, State War none

Occupation School Boy none (Social Security Number)

Employer and Address.....

Date of Death Oct 2, 1943 11:15 Am (Date) (Hour)

Date of Birth Sept 14, 1934

Age 9 (Years) (Months) 18 (Days)

Date of Funeral Shipped to Marshfield Mo (Date) (Day of Week) (Hour)

Services at No Service here

Clergyman..... (Address)

Religion of the Deceased.....

Birthplace Marshfield Missouri

Resided in the State 1½ years (or U. S.) (or City or County) (Years) (Months)

Place of Death En route to Burndale Hospital

Cause of Death Gun shot wound

Contributory Causes self

.....

Certifying Physician A K McGrath (or Coroner)

His Address Sonoma Caly

Name of Father Clyde Twyman

His Birthplace Marshfield Missoure

Maiden Name of Mother Eula G. Williams

Her Birthplace Springfield Missoure

~~Motor~~ Ship } Remains to Marshfield Missouri

Size of Casket # ff 6 # 500 wht Lnd (State Color and Number)

Manufactured by.....

~~Cemetery~~ Crematory } Marshfield Missouri

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 215	—
Casket included 150.00		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $.....Hair Dressing, $		
Dressing Body, $.....Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $.....Hose, $		
Folding Chairs, $.....Tarpaulin, $		
Candelabrum, $.....Candles, $		
Door Spray, $.....Gloves, $		
Funeral Car, $.....Ambulance, $		
Limousines to Cemetery.....@ $		
Extra Limousines.....@ $		
Autos to R. R. Station.....@ $		
Getting Remains from Ja = 100.00		
Taking Remains to Mf 15.00		
Trip to Coroner's Inquest 15.00		
Delivering Box to 15.00		
Deliver Flowers to 5.75		
Removal Charges 1 at 2.87 5		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $.....Palms, $.....Matting, $		
Rental of Tent, $....of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $.....Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $.....Singers, $....Organist, $		
Railroad or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Fare for Body	67	50
line Death Notices in.....Papers		
Fare for Eula Twyman (Names of Newspapers)	38	76
Sales Tax	2	69
Total Footing of Bill	$ 323	95
Less agreed	$ 40	
Balance	$ 283	95

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$ Oct 3 43		By Payment	$ 76 —	$
	" "	$	$ Oct 4, 43		" "	$ 125 —	$
	" "	$	$ Oct 4, 43		" "	$ 25	$
	" "	$	Oct 10 43		" "	$ 57 95	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Oct 6 19 43

Name of Deceased Robert C. Bancroft white

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Broadway Sonoma ☐Husband ☐Wife ☐Widow } Kate S. 78

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Kate Bancroft

Address Sonoma, Caly

Order given by ..... (or informant)

How Secured .....

If Veteran, State War None

Occupation Florist none (Social Security Number)

Employer and Address .....

Date of Death Oct 6, 1943 (Date) (Hour)

Date of Birth July 31, 1865

Age 78 (Years) (Months) (Days)

Date of Funeral Oct 11, (Date) Monday (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Temple Lodge # 14 F&A.M. (Address)

Religion of the Deceased .....

Birthplace Ashland, Penn

Resided in the State 27 - (or U. S. or City or County) (Years) (Months)

Place of Death Fullerton Caly

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Coroner Abbey (or Coroner)

His Address Santa Anna Caly

Name of Father Joseph Bancroft

His Birthplace unk. Penn

Maiden Name of Mother Anna Bancroft

Her Birthplace unk. - Penn

Motor Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery Crematory } Chapel of The Chimes Santa Rosa, Caly

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$ 60 -
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from Shipm	
Taking Remains to	
Trip to Coroner's Inquest Hearse, Chapel	
Delivering Box to + Service } 60.00	
Deliver Flowers to Na Taf }	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, $ .... Use of Chapel, $ (State Physician's or Coroner's)	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	45 -
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced .... Casket & Outer	147 90
Out of town Undertaker's Charges	
Personal Service	
2 Phone calls (Fullerton	5 30
line Death Notices in Ef Papers	3 72
Dem & Rep. (Names of Newspapers)	2 00
Local	1 -
Sales Tax	
Total Footing of Bill	$ 265 92
Less	$
Balance	$
Entered into Ledger, page ..... or below.	

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	11-1-43	" " In full	$ 266.00	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct 6 1943

Name of Deceased John Johnson White

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Glen Ellen, Rural

☐ Husband ☐ Wife ☐ Widow } Unknown
or..... of } Age of Husband or Wife (if living).....Years

Charge to Vernon Silvershield

Address 1 Road

Order given by (or informant)

How Secured

If Veteran, State War Unknown

Occupation Ranch Laborer 561-14-9058 (Social Security Number)

Employer and Address

Date of Death Oct 6, 1943 — (Date) (Hour)

Date of Birth Unknown

Age about 48 (Years) (Months) (Days)

Date of Funeral 10/9/43 Sat 10:0 A.M. (Date) (Day of Week) (Hour)

Services at Graveside, Valley Cem

Clergyman Rev. Perry (Address)

Religion of the Deceased

Birthplace Finland

Resided in the State Unknown (or U. S. or City or County) (Years) (Months)

Place of Death Glen Ellen Rural Near London Side

Cause of Death Gun shot wound self inflicted

Contributory Causes

Certifying Physician Coroner Vernon Silvershield (or Coroner)

His Address Santa Rosa, Caly

Name of Father Unknown

His Birthplace Unknown

Maiden Name of Mother Marie Feht

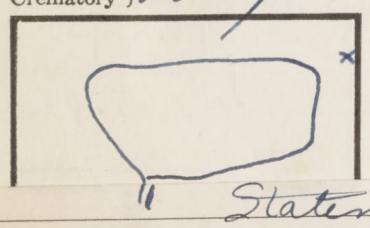
Her Birthplace Unknown

Motor Ship } Remains to

Size of Casket 6/3 Trough: Gray Am. Cryp Rev Perry Graveside (State Color and Number)

Manufactured by A. F. C. Co

Cemetery Crematory } Valley Cem



Lot No.

Grave No.

Section No.

Block No.

Complete Funeral (except outlays)	$	125 —
Casket No. Bill		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 1/2 — 64.50		
Taking Remains to None 62.50		
Trip to Coroner's Inquest 31.25		
Delivering Box to 156.25		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ 3.00 Palms, $ .... Matting, $		3 00
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		12 50
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev Perry Graveside		2 50
....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		1 56
Total Footing of Bill	$	144 56
Less	$	
Balance	$	

r, page .....or below.

Statement to Silvershield Nov 23, 1943

No 214A Oct 8 1943

Received of Boles & Evans

Thirty-nine & 34/100 ——— Dollars

& American Trust pass book 5013

property of John Johnson, decd

$ Vernon Silvershield Coroner

Gibsons 0790

	Amount Paid		Balance	
Balance Forward			$	
Payment	$	144 56	$	
"	$		$	
"	$		$	
"	$		$	
"	$		$	
"	$		$	
"	$		$	

ance
panies.....

.....represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Witness..... Signed.....

Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct 8 1943

Name of Deceased Baby Lyone Thomas White
☐ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

Residence Sonoma Land Co ☐Husband ☐Wife ☐Widow } Single
or..... of } Age of Husband or Wife (if living).....Years

Charge to Wm Hugh Thomas

Address P.O. Box 8 Sonoma Cal

Order given by Employed by Moffit Bros (or informant)

How Secured.....

If Veteran, State War.....

Occupation — (Social Security Number)

Employer and Address —

Date of Death..... (Date) (Hour)

Date of Birth.....

Age 1 (Years) 16 (Months) (Days)

Date of Funeral 10/12/43 (Date) Thurs (Day of Week) 2 P. M. (Hour)

Services at Chapel

Clergyman Rev Perry (Address)

Religion of the Deceased

Birthplace ~~Santa~~ Skagg Ireland Calif (or U. S. or City or County)

Resided in the State Life (Years) (Months)

Place of Death Sonoma Co. Hospital

Cause of Death Pulmonary Edema

Contributory Causes Etiology Undetermined

Coroner
Certifying Physician Vernon Silvershield (or Coroner)

His Address Santa Rosa, Calif

Name of Father Wm Hugh Thomas

His Birthplace Oklahoma

Maiden Name of Mother Irene Babcock

Her Birthplace Oklahoma

Motor Ship } Remains to

Size of Casket purchased at Wells (State Color and Number)

Manufactured by.....

Cemetery Crematory } M. Cem.

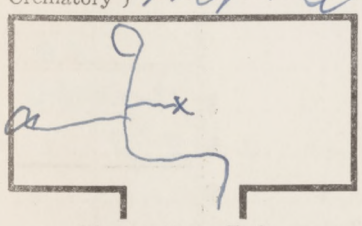


Diagram of Lot or Vault

Lot No.....
Grave No.....
Section No.....
Block No.....
Owner.....

Complete Funeral (except outlays)	$	
Casket		Casket & Vault
Burial Vault or Box (State Kind)		Purchased at Wells
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		Service No Tax
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from Chapel		
Taking Remains to Local Chg.		15 —
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		4 —
Certif. Copies of Death Certificates No.		
Pall Bearer Service, $..... Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		7 50
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Rev Perry		2 50
....line Death Notices in..... Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	29 00
Less	$	
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$	Oct 12 42	By Payment In full	$	$29 00
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct 6 1943

Name of Deceased John Johnson White

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Glen Ellen, Rural

☐ Husband ☐ Wife ☐ Widow } Unknown
or..... of } Age of Husband or Wife (if living)..... Years

Charge to Vernon Silvershield

Address 1 Road

Order given by (or informant)

How Secured

If Veteran, State War Unknown

Occupation Ranch Laborer 561-14-9058 (Social Security Number)

Employer and Address

Date of Death Oct 6, 1943 — (Date) (Hour)

Date of Birth Unknown

Age About 48 (Years) (Months) (Days)

Date of Funeral 10/9/43 Sat 10:0 A.M. (Date) (Day of Week) (Hour)

Services at Graveside, Valley Cem

Clergyman Rev. Perry (Address)

Religion of the Deceased

Birthplace Finland

Resided in the State Unknown (or U. S. or City or County) (Years) (Months)

Place of Death Glen Ellen Rural Near London Side

Cause of Death Gun shot Wound self

Contributory Causes inflicted —

Coroner

Certifying Physician Vernon Silvershield (or Coroner)

His Address Santa Rosa, Caly

Name of Father Unknown

His Birthplace Unknown

Maiden Name of Mother Marie Feht.

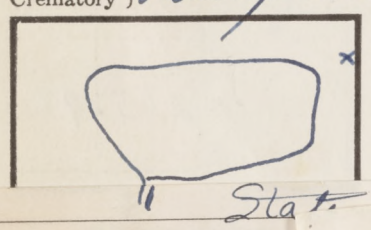
Her Birthplace Unknown

Motor Ship } Remains to

Size of Casket 6/3 Trough: Gray Am. Cryp (State Color and Number)

Manufactured by A. F. C. Co.

Cemetery Crematory } Valley Cem.



Lot No.

Grave No.

Section No.

Block No.

Complete Funeral (except outlays)	$	125 —
Casket No. Bal —		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from 1/2 —	6	25
Taking Remains to None	6	25
Trip to Coroner's Inquest	3	12 5
Delivering Box to		
Deliver Flowers to	1	5 6 25
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ 3 00 ... Palms, $ ... Matting, $		3 00
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		12 50
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service P. ... Graveside Rev. Perry		2 50
... line Death Notices in ... Papers (Names of Newspapers)		
Sales Tax		1 56
Total Footing of Bill	$	144 56
Less	$	
Balance	$	
Entered into Ledger, page ... or below.		

Balance	Date		Amount Paid	Balance
		To Balance Forward		$
	Nov 30 1943	By Payment	$ 144 56	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$

No 214A

Received of

Thirty-nine

American

property of

$

Gibsons 0790

Insurance Companies

... have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Witness ... Signed ...

Address ...

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct 8 1943

Name of Deceased Baby Lyons Thomas White
☐ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

Residence Sonoma Land Co ☐Husband ☐Wife ☐Widow or..... .....of } Single
Age of Husband or Wife (if living).....Years

Charge to Wm Hugh Thomas

Address P.O. Box 8 Sonoma Cal

Order given by Employed by Moffitt Bros
(or informant)

How Secured

If Veteran, State War

Occupation
(Social Security Number)

Employer and Address

Date of Death
(Date) (Hour)

Date of Birth

Age 1 16
(Years) (Months) (Days)

Date of Funeral 10/12/43 Tues 2 P. M.
(Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev Perry
(Address)

Religion of the Deceased

Birthplace ~~Santa~~ Skagg Ireland Early
(or U. S. or City or County) (Years) (Months)

Resided in the State Life

Place of Death Sonoma Co. Hospital

Cause of Death Pulmonary Edema

Contributory Causes Etiology Undetermined

Coroner
Certifying Physician Vernon Silvershield
(or Coroner)

His Address Santa Rosa, Calif

Name of Father Wm Hugh Thomas

His Birthplace Oklahoma

Maiden Name of Mother Irene Babcock

Her Birthplace Oklahoma

Motor Ship } Remains to

Size of Casket purchased at Wells
(State Color and Number)

Manufactured by

Cemetery Crematory } Mt. Com.

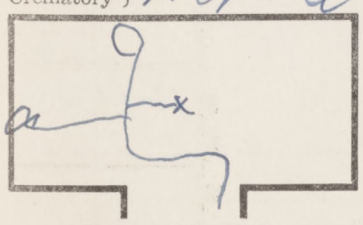


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket		Caskets Vaults
Burial Vault or Box		Purchased at Wells
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		Service No Tax
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from Chapel		
Taking Remains to Service Chg.		15 —
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		4 —
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		7 50
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Rev Perry		2 50
.....line Death Notices in..... Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	29 00
Less	$	
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance
	To Above Balance	$	$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward	$	$
Oct 12 42	By Payment In full	$	$ 29 00
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

204

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct 13 19.43

Name of Deceased Charles Willard Harris White

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Sonoma, Caly ☐Husband ☐Wife ☐Widow

or..... .....of } Age of Husband or Wife (if living).....Years

Charge to: Roy Harris

Address Rt. 1 Bx. 105 Sonoma

Order given by..... (or informant)

How Secured.....

If Veteran, State War none

Occupation none none (Social Security Number)

Employer and Address.....

Date of Death Oct 13, 1943 (Date) 6:45 PM (Hour)

Date of Birth Oct 13, 1943

Age 8 hrs. (Years) (Months) (Days)

Date of Funeral Oct 15 (Date) Friday (Day of Week) 11 A.M. (Hour)

Services at Graveside

Clergyman Catholic (Address)

Religion of the Deceased.....

Birthplace Sonoma, Caly

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Burnbdale Hospital

Cause of Death Pulmonary Edema

Contributory Causes.....

.....

Certifying Physician Coroner Vernon Silvershield (or Coroner)

His Address Santa Rosa, Caly

Name of Father Roy Harris

His Birthplace Napa Idaho

Maiden Name of Mother Lena Bettaquetti

Her Birthplace Petaluma, Caly

Motor Ship } Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by.....

Cemetery Crematory } Catholic Cemetery Sonoma, Caly

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 12	50
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ... 1/2 = 6.25		
Taking Remains to ... 6.25		
Trip to Coroner's Inquest ... 3.12		
Delivering Box to ... 15.62		
Deliver Flowers to ...		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot ... grave		5 —
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		7 —
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service ... St. Francis Church		2 50
....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		16
Total Footing of Bill	$	~~24 66~~
Less	$	27 16
Balance	$	

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$	Oct. 15. 43	To Balance Forward	$	$
	By Payment	$	$	Dec. 5. 43	By Payment	$ 15 —	$ 12 16
	" "	$	$		" " In full	$ 12 16	$ —
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

205

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct 15 1943

Name of Deceased William F Schroeder W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence 298 Larch St S.F. ☐Husband ☐Wife ☐Widow or..... of } Age of Husband or Wife (if living)..... Years

Charge to Dorothy Marks

Address 881 Eddy St S.F.

Order given by..... (or informant)

How Secured.....

If Veteran, State War None

Occupation Cigar Clerk none (Social Security Number)

Employer and Address.....

Date of Death Oct 15, 1943 (Date) found (Day of Week) 3:30 PM (Hour)

Date of Birth Unknown

Age 73 (Years) (Months) (Days)

Date of Funeral Oct (Date) (Day of Week) (Hour) M.

Services at.....

Clergyman..... (Address)

Religion of the Deceased.....

Birthplace Nebraska

Resided in the State 48 years. (or U. S. or City or County) (Years) (Months)

Place of Death Bayes Bath House Bayes Springs Calif.

Cause of Death Arteriosclerotic Cardio-Vascular - Renal disease -

Contributory Causes.....

Certifying ~~Physician~~ Coroner Vernon Silvershield (or Coroner)

His Address Santa Rosa, Calif

Name of Father Unk

His Birthplace Germany

Maiden Name of Mother Unk

Her Birthplace Germany

~~Motor~~ Ship } Remains to Julius S. Godeau Co

Size of Casket..... (State Color and Number)

Manufactured by.....

Cemetery Crematory } .....

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 177	45
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress + Vest (State Kind and Color)		10 25
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 1/2 = 88.73		
Taking Remains to Suit 10.00		
Trip to Coroner's Inquest 9.8.73		
Delivering Box to no Bx 9.8.73		
Deliver Flowers to 49.27		
Removal Charges 246.88		
Procuring Burial Permit (State Number and District)		
Certified Copies of Death Certificates No.		1 00
Pall Bearer Service, $..... Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....line Death Notices in..... Papers (Names of Newspapers)		
Sales Tax		2 22
Total Footing of Bill	$	190 92
Less	$	10 37
Balance	$	180 55

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	Oct 17,43	By Payment	$ 96 64	$
	" "	$	$	Nov 5,43	"	$ 83 91	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

206

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct. 17 1943

Name of Deceased Mary Frances Post White

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Bayes Springs ☐Husband ☐Wife ☒Widow } James F. Post

or..... of } Age of Husband or Wife (if living).....Years

Charge to: Bank of America

Address Sonoma

Order given by Bank of America

How Secured Mrs. B. Hildebrand (or informant) Leo St. - S. F. 12
nieces Mrs. Harold Hildebrand St. - 1140 Sutter St.
S. F. Zone 9

If Veteran, State War None

Occupation At home (Social Security Number)

Employer and Address

Date of Death 10-17-43 (Date) 7:30 AM (Hour)

Date of Birth March 12 - 1867

Age 76 (Years) 5 (Months) 7 (Days)

Date of Funeral 10-20-43 (Date) Wed (Day of Week) 10 (Hour) A.M.

Services at St. Francis Church

Clergyman Father Keller - Sonoma (Address)

Religion of the Deceased Catholic

Birthplace San Francisco Co, Calif.

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Central Ave. Bayes Springs

Cause of Death Tabes Dorsalis

Contributory Causes

Certifying Physician Wm Newman (or Coroner)

His Address Sonoma, Cal.

Name of Father John Drolet

His Birthplace France

Maiden Name of Mother Johannah Ahern

Her Birthplace Ireland

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery ~~Crematory~~ } Holy Cross - San Mateo Co.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 390.	00
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)	11.	85
Slippers, $..... Hose, $ ~~4~~ underwear	2.	08
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ....@ $		
Extra Limousines to Holy Cross @ $	10.	00
Autos to R. R. Station .....@ $		
Getting Remains from 1/2 — 195.00		
Taking Remains to		
Trip to Coroner's Inquest to Bay 195.00		
Delivering Box to 97.50		
Deliver Flowers to 4.75		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot At Holy Cross	39	78
Cremation		
Flowers, $ 15.~~75~~ Palms, $ ..... Matting, $	15	38
Rental of Tent, $ ....of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Low Mass	15.	00
....line Death Notices in local Papers	2.	58
(Names of Newspapers)		
1/2 — 195.00		
no T.V. no rest that 13.50		
Sales Tax 208.50	5	06
Total Footing of Bill 208.50 1042.5	$ 491.	13
Less 521.25	$	
Balance	$	

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Dec 18 '43	To Above Balance	$	$		To Balance Forward	$	$
May 11 '44	By Payment Checked with Gilcrist will report later	$	$	May 18, 44	By Payment Paid in full	$ 491 73	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

207

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct. 22 1943

Name of Deceased Gertie Mae Jones Black
(What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Canal Apts.-Bldg. 69-Apt. A. Richmond, Cal. ☐ Husband ☒ Wife ☐ Widow of ..... Calvin Jones
Age of Husband or Wife (if living) 36 Years

Charge to Calvin Jones

Address Canal Apts - Richmond, Cal. Bldg. 69 - apt. a.

Order given by ..... (or informant)

How Secured .....

If Veteran, State War ..... none

Occupation Housewife - (Social Security Number)

Employer and Address .....

Date of Death 10-21-43 (Date) 10:20 P.M. (Hour)

Date of Birth Jan. ? - 1917

Age 26 (Years) 9 (Months) ? (Days)

Date of Funeral Shipped to Vicksburg, Miss. (Date) (Day of Week) (Hour) P.M.

Services at Vicksburg (Address)

Clergyman .....

Religion of the Deceased Protestant

Birthplace Memphis, Tenn.

Resided in the State 5 mo. (or U. S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death Conversion of Spinal Cord at cervical region.

Contributory Causes Fracture & dislocation of cervical ~~region~~ vertebrae

Certifying Physician Vernon Silvershield (or Coroner)

His Address Santa Rosa, Cal

Name of Father unk.

His Birthplace unk.

Maiden Name of Mother unk.

Her Birthplace unk.

Motor / Ship Remains to Vicksburg, Miss.

Size of Casket 9889 Grey H. Couch (State Color and Number)

Manufactured by S. F. C. Co.

Cemetery / Crematory .....

Diagram of Lot or Vault

Lot No. .....
Grave No. .....
Section No. .....
Block No. .....
Owner .....

Complete Funeral (except outlays)	$	310.00
Casket		
Burial Vault ~~of Box~~ Shipper (State Kind)		35.00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $ 155.00		
Getting Remains from ½ — 25.00		
Taking Remains to		
Trip to Coroner's Inquest 19.00		
Delivering Box to 19.00		
Deliver Flowers to 95.00		
Removal Charges 47.50		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor Tickets, $ 306.11 .. Aeroplane Service, $		306.11
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.... line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		4.06
Total Footing of Bill	$	655.17
Less 5% on $ 345	$	17.25
Balance	$	637.92

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	10-23-43	By Payment in full	$ 637.61	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

208

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct. 24 1943

Name of Deceased Josephine Sitenga white

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Carriger Road - El Verano ☐Husband ☒Wife ☐Widow } of John Sitenga

Age of Husband or Wife (if living) 39 Years

Charge to: Husband

Address Same

Order given by (or informant)

How Secured

If Veteran, State War none

Occupation Housewife 546-18-6204 (Social Security Number)

Employer and Address

Date of Death 10-24-43 (Date) 6:40 P.M. (Hour)

Date of Birth Jan 15 - 1910

Age 33 (Years) 9 (Months) 9 (Days)

Date of Funeral 10-27-43 (Date) Wed. (Day of Week) 11 A.M. (Hour)

Services at Chapel

Clergyman Rev. Boren - Kenwood (Address)

Religion of the Deceased Pro

Birthplace San Rafael, Calif.

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death Myocardial Failure - 1 dy.

Contributory Causes Lobar Pneumonia

Rt. Lower Lobe - 2 days

Certifying Physician A. K. McGrath M.D. (or Coroner)

His Address Sonoma, Cal.

Name of Father Frank Milani

His Birthplace Italy

Maiden Name of Mother Caroline Palacchi

Her Birthplace Italy

Motor Ship } Remains to

Size of Casket 37 Stell Am. Crepe (State Color and Number)

Manufactured by S.F.C. Co.

Cemetery ~~Crematory~~ } Mt. Cem. Sonoma

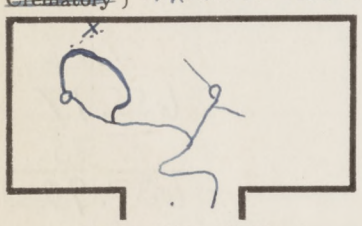


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	200.00
Casket		150.00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 1/2 mi		100.00
Taking Remains to		15.00
Trip to Coroner's Inquest		115.00
Delivering Box to		115.00
Deliver Flowers to		57.50
Removal Charges		$2.87.50
Procuring Burial Permit (State Number and District)		6.00
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		28.00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 5. Singers, $ 5. Organist, $		10.00
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
..... line Death Notices in Local Papers		2.58
Examiner (Names of Newspapers)		4.65
Sales Tax		2.88
Total Footing of Bill	$	269.11
Less 5% 30 dys on 215	$	10.75
Balance	$	258.36

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$	10-30-43	By Payment	$ 50.00	$
	" "	$	$	11-17-43	In full	$ 208.36	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

209

Total No..... Yearly No..... 9 ..... Date of Entry ..... Nov. 3 1943

Name of Deceased ..... Steve Grossi ..... White
(What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence Forke Lane Box 286 Near Shellville ☐ Husband ☐ Wife ☐ Widow ..... e of Husband or Wife (if living) ..... Years

Sister, Rose Grossi
Adelia "
Adriana Barlogio

Bates and Evans
Funeral Directors
SONOMA, CALIFORNIA

Nov. 4, 1943

Received following effects of Steve Grossi (Deceased)
Deed, 4/6/95, James Marsh & D.R.Oliver
Naturalization papers
#8 Tax bill, Stockton Paid 11/9/40
Sonoma County tax bill, current
Receipt of American trust co. 6/21/43
Ration book #3 #451089
Wallet containing passbook, Sonoma Branch BofA. Acct # 4409 balance shown 2860.43
Passbook #2617 on A.M.Trust Co. Sonoma Office Balance 9646.01 " " 9624.24
Passbook #5059 " " " "
Wallet containing .09

One trunk containing papers of no apparent value and various farm tools.

Read the above 11/4/43. American Trust Co. by [illegible] manager

TELEPHONE 43

lays)	$	390 —
		15 —
e Kind)		
f Embalmer)		
Dressing, $		
Underwear, $		
	1436	14 86
d and Color)		
e, $		
paulin, $		
dles, $		
ves, $		
ulance, $		
@ $		
@ $		
@ $	147.50	
	15.00	
	14.50	
	177.00	
	177.00	
	8.50	
	4.425.0	
e Number and District)		
tificates No.		
hysician's or Coroner's		
e of Chapel, $		
	$	
		10 —
Matting, $		7 50
porary Vault, $		15 —
ing Device, $		
Organist, $		
Aero-plane Service, $		
io Charges		
harges		
		15 —
Papers		2 58
ers)		
		4 06
	$	379 —
Less	$	
Balance	$	

Diagram of Lot or Vault

Block No.....
Owner.....

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Dec 18 '43	To Above Balance		$	Jan 12,44	To Balance Forward	$	$
	By Payment	$	$		By Payment	$ 379 —	$ —
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

208

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct. 24 1943

Name of Deceased Josephine Siteneza white

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Carriger Road - El Verano ☐Husband ☐ or.....

Charge to: Husband

Address: Same

Order given by..... (or informant)

How Secured.....

If Veteran, State War none

Occupation Housewife 546-18-6204 (Social Security Number)

Employer and Address.....

Date of Death 10-24-43 (Date) 6:40 P.M. (Hour)

Date of Birth Jan. 15 - 1910

Age 33 (Years) 9 (Months) 9 (Days)

Date of Funeral 10-27-43 (Date) Wed. (Day of Week) 11 A.M. (Hour)

Services at: Chapel

Clergyman: Rev. Boren - Kenwood (Address)

Religion of the Deceased Pro

Birthplace San Rafael, Calif.

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death Myocardial Failure - 1 dy.

Contributory Causes Lobar Pneumonia

Rt. lower Lobe - 2 days

Certifying Physician A. K. McGrath M.D. (or Coroner)

His Address Sonoma, Cal.

Name of Father Frank Milani

His Birthplace Italy

Maiden Name of Mother Caroline Palacchi

Her Birthplace Italy

Motor / Ship } Remains to.....

Size of Casket 37 Stell Am. Crepe (State Color and Number)

Manufactured by S.F.C.C. Co.

Cemetery / Crematory } Mt. Cem. Sonoma

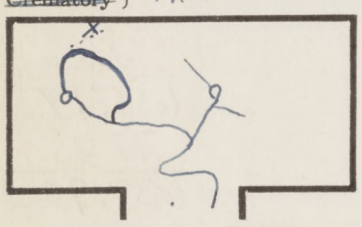


Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Fu

Casket.....

Burial Vault

Embalming F

Barber, $....

Dressing Bod

Suit or Dress

Slippers, $...

Folding Chai

Candelabrum

Door Spray,

Funeral Car,

Limousines t

Extra Limou

Autos to R.

Getting Rem

Taking Rem

Trip to Coro

Delivering B

Deliver Flow

Removal Ch

Procuring Bu

___Certif.Co

Pall Bearer $

Gross Total

Outlay for I

Cremation.

Flowers, $.

Rental of Te

Opening of

Lining Grav

Outlay for S

Clergyman,

Railroad / or Motor } Tic

Telegr., Pho

Cash Advar

Out of town

Personal Se

....line De

Sales Tax .

Total Footi

Less 5% 30 dys. on 215 $ 10 75

Balance $ 258 36

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	10-30-43	By Payment	$ 50.00	$
	" "	$	$	11-17-43	In full	$ 208.36	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No.....9..... Date of Entry.....Nov. 3.....1943

Name of Deceased.....Steve Grossi..... White
(What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence.....Turkey Lane Box 286 Near Shellville ☑ Husband ☐ Wife ☐ Widow of..... Age of Husband or Wife (if living).....Years

.....American Trust Co.....

.....Sonoma.....

Informant by.....Ed. Graves mgr.....
(or informant)

Married.....

Service in State War.....Unknown.....

Occupation.....Retired Rancher.....Unk.....
(Social Security Number)

Residence and Address.....

Date of Death.....Nov. 3. 1943.....Found 5 P.M.
(Date) (Hour)

Birth.....Jan. 23. 1855.....

88 (Years) 9 (Months) 10 (Days)

Funeral.....Nov. 6. 1943 (Date) Saturday (Day of Week) 10:30 A.M. (Hour)

.....St. Francis Church.....

.....(Address)

Birthplace of the Deceased.....Switzerland.....

Residence in the State.....Unk.....
(or U. S. or City or County) (Years) (Months)

Place of Death.....Home.....

Cause of Death.....Myocardial failure.....

Contributory Causes.....

.....Arteriosclerosis.....

Attending Physician.....A. K. McGrath M.D.....
(or Coroner)

Residence.....Sonoma..... Cal.....

Name of Father.....Unk.....

Birthplace.....Unk.....

Maiden Name of Mother.....Unk.....

Birthplace.....Unk.....

Remains to.....

Casket.....#3 #345 H.P. #4 R cov.
(State Color and Number)

Furnished by.....J. F. Casket Co.....

Catholic Cemetery Sonoma.....

Diagram of Lot or Vault

Lot No.....
Grave No.....
Section No.....
Block No.....
Owner.....

Complete Funeral (except outlays)	$	290 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress ~~1~~ underwear 2 #36 (State Kind and Color)		14 86
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station 1/2 = @ $ 14.50		
Getting Remains from 17		15.00
Taking Remains to Sant 17		14.50
Trip to Coroner's Inquest		17.00
Delivering Box to		17.00
Deliver Flowers to		8.50
Removal Charges		4.42.50
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 1/2 Grave		10 —
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		7 50
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		15 —
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service ... Mrs		15 —
...line Death Notices in ... Papers (Names of Newspapers)		2 58
Sales Tax		4 06
Total Footing of Bill	$	379 —
Less	$	
Balance	$	
Entered into Ledger, page ... or below.		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Dec 18' 43	To Above Balance filed with a R.R.	$	$	Jan 12,44	To Balance Forward		$
	By Payment	$	$		By Payment in full	379 —	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

210

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov. 9 1943

Name of Deceased Edith Gertrude Foster white (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence Olive Ave; Boyes Springs ☐Husband ☐Wife ☒Widow } Charles Edward Foster

or.....of } Age of Husband or Wife (if living).....Years

Charge to Charles H. Foster

Address R.F.D. Box 87 Sonoma, Cal.

Order given by Mrs. Mary E. Foster (or informant)

How Secured Insurance Policy of $350.00

If Veteran, State War none

Occupation At home none (Social Security Number)

Employer and Address —

Date of Death Nov. 9-43 (Date) 7 A.M. (Hour)

Date of Birth April 15 1866

Age 77 (Years) 6 (Months) 24 (Days)

Date of Funeral 11-11-43 (Date) Thu. (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev. Perry (Address)

Religion of the Deceased Pro.

Birthplace Michigan

Resided in the State 7 (or U. S. or City or County) (Years) (Months)

Place of Death Olive Ave; Boyes Springs

Cause of Death Myocarditis Sclr.

Contributory Causes Carcinoma of Lung

Certifying Physician Wm Newman M.D. (or Coroner)

His Address Sonoma, Cal.

Name of Father Unk

His Birthplace Unk.

Maiden Name of Mother Unk.

Her Birthplace Unk.

Motor Ship } Remains to

Size of Casket Silver Doeskin (State Color and Number)

Manufactured by

~~Cemetery~~ Crematory } Chapel of Chimes Santa Rosa,

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 235 00
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ... Hair Dressing, $	
Dressing Body, $ ... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ... Hose, $	
Folding Chairs, $ ... Tarpaulin, $	
Candelabrum, $ ... Candles, $	
Door Spray, $ ... Gloves, $	
Funeral Car, $ ... Ambulance, $	
Limousines to Cemetery ... @ $	
Extra Limousines ... @ $	
Autos to R. R. Station ... 1/2 @ $	11.50
Getting Remains from	11.50
Taking Remains to	11.50
Trip to Coroner's Inquest	5.875
Delivering Box to	
Deliver Flowers to	2.9375
Removal Charges	
Procuring Burial Permit (State Number and District)	
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)	
Pall Bearer Service, $ ... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	45 00
Flowers, $ ... Palms, $ ... Matting, $	
Rental of Tent, $ ... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $5.00 Singers, $ ... Organist, $	5 00
Railroad or Motor } Tickets, $ ... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service	
... line Death Notices in Local Papers	2 58
(Names of Newspapers)	
Sales Tax	3 13
Total Footing of Bill	$ 290 71
Less 5% on 235 30 dys	$ 11 75
Balance	$ 278 96

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
Nov 27, 1943	By Payment	$ 278 96	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness.....

Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

211

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry....Nov. 13.....1943

Name of Deceased...Susan Hills.....white
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence....Eldridge..... ☐Husband ☐Wife ☐Widow } .....
or.....of } Age of Husband or Wife (if living).....Years

Charge to..Edgar A. Hills.....

Address..20 S. Otela Ave., San Francisco.....

Order given by.....
(or informant)

How Secured.....

If Veteran, State War.....none.....

Occupation.....none.....
(Social Security Number)

Employer and Address.....

Date of Death....11-13-43.....2:40 A.M.
(Date) (Hour)

Date of Birth....Mar. 18 - 1934.....

Age.....9.....7.....25.....
(Years) (Months) (Days)

Date of Funeral.11-15-43...Mon.....10:30 A.M.
(Date) (Day of Week) (Hour)

Services at...Holy Cross Cemetery-S. F.

Clergyman....Father Lacy-Sonoma
(Address)

Religion of the Deceased...Catholic.....

Birthplace .....Calif.....

Resided in the State.....life.....
(or U. S. or City or County) (Years) (Months)

Place of Death....Eldridge - State Home.

Cause of Death. Broncho Pneumonia.....

Contributory Causes....Mongolism.....

.....

Certifying Physician.....
(or Coroner)

His Address...Eldridge Calif.....

Name of Father..Edgar G. Hills.....

His Birthplace.....Calif.....

Maiden Name of Mother.Evelyn M. Savage.....

Her Birthplace.....Calif.....

Motor / Ship } Remains to.....

Size of Casket..4/0.....No. 14 White Lamb.....
(State Color and Number)

Manufactured by....S. F. C. Co.....

Cemetery / ~~Crematory~~ } Holy Cross - San Mateo Co.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays) Del. to Holy Cross - Agreed	$	120.00
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ...1/2 =		60.00
Taking Remains to Mary		60.00
Trip to Coroner's Inquest		30
Delivering Box to ..... ~~$~~ 1,5.0.00		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___		
Pall Bearer Service, $.... Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad / Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....		
....line Death Notices in.....Papers		
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	120.00
Less	$	
Balance	$	
Entered into Ledger. page.....or below.		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	Nov. 13-43	By Payment In full	$ 120.00	$ —
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

212

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry November 20 1943

Name of Deceased Clotilde Adamis White (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Rt 1 Bx 343 Vineberg, Healy ☐Husband ☐Wife ☐Widow } Joseph 63.
or ..... of } Age of Husband or Wife (if living) ..... Years

Send bill

Charge to Italo Adamis (son)
Areas Metal Spinning Co

Address 889 Pacific ave SF Phone Garfield 0442

Order given by Son (or informant)

How Secured .....

If Veteran, State War None

Occupation Housewife None (Social Security Number)

Employer and Address Retired

Date of Death Nov. 20, 1943 5 PM. (Date) (Hour)

Date of Birth August 30, 1879

Age 64 (Years) 2 (Months) 20 (Days)

Date of Funeral Del to S.F. (Date) (Day of Week) (Hour) M.

Services at Valente, Marini, Perata S.F.

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Italy

Resided in the State ..... 32 (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Lobar Pneumonia

Contributory Causes Arteriosclerosis

Heart disease

Certifying Physician Vernon Silvershield (or Coroner)

His Address Santa Rosa, Healy

Name of Father Joseph Adamis

His Birthplace Italy

Maiden Name of Mother Josephine Hennen

Her Birthplace Italy

Motor / ~~Ship~~ } Remains to San Francisco

Size of Casket 2604/524 ½ Couch (State Color and Number)

Manufactured by Golden Gate C. Co.

Cemetery / ~~Crematory~~ Removal to Valente, Marini & Perata

Diagram of Lot or Vault

Lot No. .....
Grave No. .....
Section No. .....
Block No. .....
Owner .....

Complete Funeral (except outlays)	$	
Casket & service to S.F.		285 —
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
~~Suit or~~ Dress 15.00 7x 38 (State Kind and Color)		15 38
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station 1/2 @ $		
Getting Remains from 1/2 =		142.50
Taking Remains to Dens		15.00
Trip to Coroner's Inquest		15750
Delivering Box to		15750
Deliver Flowers to		7875
Removal Charges		
Procuring Burial Permit (State Number and District)		21975
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....		
....line Death Notices in ..... Papers (Names of Newspapers)		
.....		
.....		
Sales Tax		3 56
Total Footing of Bill	$	303 94
Less 14.25 = -30 days	$	14 25
Balance	$	289 69

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
Nov. 23, 1943	To Above Balance	$	$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Sent Statement

Date		Amount Paid	Balance
	To Balance Forward		$
Dec 14 43	By Payment	$ 258 35	$
16 43	"	$ 30 59	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

213

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Nov 21 19 43

Name of Deceased James R. Gordon White

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Sonoma, Calif. ☐ Husband ☐ Wife ☐ Widow } Hannah A. 48

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Hannah A. Gordon

Address Sonoma, Calif.

Order given by ..... (or informant)

How Secured .....

If Veteran, State War None

Occupation Confectioner None (Social Security Number)

Employer and Address .....

Date of Death Nov. 21. 1943 (Date) 5 P.M. (Hour)

Date of Birth Aug. 10. 1888

Age 55 (Years) 3 (Months) 11 (Days)

Date of Funeral Nov. 24 (Date) Wed (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman ..... (Address)

Religion of the Deceased .....

Birthplace Cleveland Ohio

Resided in the State 35 (or U. S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death Cerebro-Vascular hemorrhage 36 hrs.

Contributory Causes Arterio Sclerosis hypertension Chr. Nephritis & Diabetes Chr.

Certifying Physician Carroll B. Andrews M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father William Gordon

His Birthplace Unknown

Maiden Name of Mother Lucy Knight

Her Birthplace New York State

Motor / Ship } Remains to .....

Size of Casket #40 Shade 23 Sil. Doeskin (State Color and Number)

Manufactured by A. J. Co.

Cemetery / Crematory } Mt. Cemetery Sonoma, Calif.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	220 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		110.00
Getting Remains from 12		15.00
Taking Remains to 17		15.00
Trip to Coroner's Inquest		125.00
Delivering Box to		125.00
Deliver Flowers to		625.00
Removal Charges		312.50
Procuring Burial Permit (State Number and District)		1 —
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Forest Lawn		2 —
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		32 —
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Mrs. Grunstead		5 —
....line Death Notices in Four Papers		2.58
Oakland Tribune (Names of Newspapers)		
Sales Tax		3.13
Total Footing of Bill	$	280 71
Less	$	11 75
Balance	$	268 96

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$	Dec 3.43	To Balance Forward		$
	By Payment	$	$		By Payment	$ 268 96	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

214

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Nov 22 1943

Name of Deceased Thomas N. McCoy Jr. White

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence none ☐Husband ☐Wife ☐Widow } ..... or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to George N. McCoy

Address Box 222 Ed. Verano, Caly

Order given by ..... (or informant)

How Secured .....

If Veteran, State War none

Occupation Infant none (Social Security Number)

Employer and Address .....

Date of Death November 22, 6:30 A.M. (Date) (Hour)

Date of Birth November 22, 1943

Age 1 hr. 30 min (Years) (Months) (Days)

Date of Funeral November 23 Tue. ..... M. (Date) (Day of Week) (Hour)

Services at none

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Sonoma, Caly

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Burbank Hospital

Cause of Death Prematurity 21 weeks

Contributory Causes (Miscarriage)

.....

Certifying Physician Wm J. Newman M.D. (or Coroner)

His Address Sonoma, Caly

Name of Father George N. McCoy

His Birthplace Little York, Illinois

Maiden Name of Mother Lena Giacopazzi

Her Birthplace Sonoma, Caly

Motor / Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery / Crematory } Catholic Cemetery Sonoma, Caly

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$ 10	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ½ = 5.00		
Taking Remains to 5.00		
Trip to Coroner's Inquest 2.50		
Delivering Box to		
Deliver Flowers to Jaf 1.35.0		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No.		
Pall Bearer Service, $ .... Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	3	50
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$ 13	50
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	Nov 22,43	By Payment	$ 13 50	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov. 28 1943

Name of Deceased Agata Bacaglia White
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 1st. East Sonoma, Calif. ☐Husband ☐Wife ☐Widow or.....of } Age of Husband or Wife (if living).....Years

Charge to Louie Bacaglia

Address Sonoma, Calif.

Order given by..... (or informant)

How Secured.....

If Veteran, State War None

Occupation At Home None (Social Security Number)

Employer and Address.....

Date of Death Nov. 28. 1943 (Date) 8 A.M. (Hour)

Date of Birth February 5. 1856

Age 87 (Years) 9 (Months) 23 (Days)

Date of Funeral Nov. 30. Tues. (Date) (Day of Week) 10 A.M. (Hour)

Services at St. Francis Church

Clergyman..... (Address)

Religion of the Deceased.....

Birthplace Italy

Resided in the State 53 years (or U. S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death Hemorrhagic 19 days

Contributory Causes Coronary Occlusion Bronchopneumonia

Certifying Physician Wm J. Newman M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father Andrew Bacaglia

His Birthplace Italy

Maiden Name of Mother Rosalie Ferri

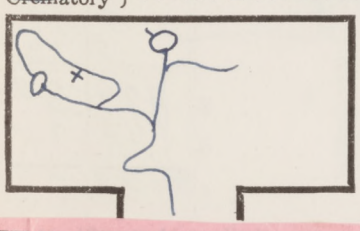
Her Birthplace Italy

Motor Ship } Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by.....

Cemetery Crematory } M. Cemetery Sonoma, Calif.



Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	330 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
~~Suit or~~ Dress 15.00 Tan 38 (State Kind and Color)		15 38
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... 1/2 @ $ 16.00		
Getting Remains from 15.00		
Taking Remains to 15.00		
Trip to Coroner's Inquest 19.50		
Delivering Box to 19.50		
Deliver Flowers to 9.75		
Removal Charges 4.87.50		
Procuring Burial Permit (State Number and District)		1 —
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		28 —
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Mass		15 00
....line Death Notices in..... Papers		
Posted Index		2 50
(Names of Newspapers) Examiner		5 89
Sales Tax		4 50
Total Footing of Bill	$	417 33
Less 1/2 30 days	$	17 33
Balance	$	400 —

Entered into Ledger, page..... or below.

CASKET No. 5910 Size 6/3 Date 3/5

COVERING Shade #975 Silver & Gold Cascade

DESCRIPTION Interior white over flesh with #1347 flesh drapes. 1 Set #880 Gold Enamel & Goldtone Ext. handles put on

	Date			Amount Paid		Balance	
			To Balance Forward			$	
	Jan. 8, 44		By Payment Insured	$400	—	$	
			" "	$		$	
			" "	$		$	
			" "	$		$	
			" "	$		$	
			" "	$		$	
Statement Dec. 18, 1943.		$	$				

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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Car, at home 9:05

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry November 28 1943

Name of Deceased Angelo Bogani White

☑ Married ☐ Single ☐ Widowed ☑ Divorced (What Race)

Residence R.F.D. Glen Ellen ☐Husband ☐Wife ☐Widow Felice

or.....of Age of Husband or Wife (if living).....Years

Charge to Rose Bogani

Address Glen Ellen Caly

Order given by.....
(or informant)

How Secured.....

If Veteran, State War None

Occupation at Home None
(Social Security Number)

Employer and Address.....

Date of Death Nov. 28, 43 2:21 P.M.
(Date) (Hour)

Date of Birth July 22, 1874

Age 69 (Years) 4 (Months) 6 (Days)

Date of Funeral Dec 1 (Date) Wed (Day of Week) 10 A.M. (Hour)

Services at St. Francis Church

Clergyman.....
(Address)

Religion of the Deceased.....

Birthplace Italy

Resided in the State.....
(or U. S. or City or County) 50 (Years) (Months)

Place of Death Home

Cause of Death Myocardiac failure

Contributory Causes Arteriosclerosis

.....

Certifying Physician A. K. McGrath M.D.
(or Coroner)

His Address Sonoma, Caly

Name of Father Baldesare Bogani

His Birthplace Italy

Maiden Name of Mother Adelaide Bogani

Her Birthplace Italy

Motor / Ship } Remains to.....

Size of Casket ½ Ctt Sea foam
(State Color and Number)

Manufactured by.....

Cemetery / Crematory } Mt. Cemetery Sonoma, Caly

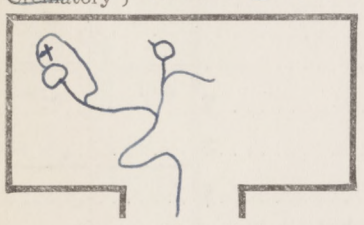

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	380 -
Casket		
Burial Vault or Box (State Kind)		15 -
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $ 1.50 Underwear, $		
~~Suit or~~ Dress 14.50 Tan 36 (State Kind and Color)		14 86
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $ 190.00		
Getting Remains from 1/2 = 15.00		
Taking Remains to Mt 14.50		
Trip to Coroner's Inquest Wine 219.50		
Delivering Box to 219.50		
Deliver Flowers to 219.75		
Removal Charges 1095		
Procuring Burial Permit 3.1 (State Number and District) 1487		4 -
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		32 -
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad / or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service ~~Indef~~ Mass		2 56 / 15 00
.....line Death Notices in ..... Papers		
L'Italia (Names of Newspapers)		3 50
Dem. & Rep.		2 00
Examiner		5 27
Sales Tax		5 13
Total Footing of Bill	$	479 32
Less 19 7J = 30 days	$	19 75
Balance	$	$459 57

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Dec 18 43	To Above Balance Statement		$		To Balance Forward		$
	By Payment	$	$	Dec 28 43	By Payment In full	$	$ 459 57
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

8217

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec 8 19 43

Name of Deceased James J. Landy white
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Burndale Hospital ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. M.E. Riley

Address 4210 Gilbert St Oakland Cal

Order given by ... above (or informant)

How Secured

If Veteran, State War ... none

Occupation Retired Sea Captain none (Social Security Number)

Employer and Address

Date of Death Dec. 8. 1943 (Date) about 10a (Hour)

Date of Birth May 23. 1874

Age 69 (Years) 6 (Months) 15 (Days)

Date of Funeral Dec 11 (Date) Sat (Day of Week) 10 A.M. (Hour)

Services at St. Francis (Address)

Clergyman

Religion of the Deceased ... Catholic

Birthplace Buffalo new york

Resided in the State ... (or U. S. or City or County) (Years) 40 (Months)

Place of Death Burndale Hospital

Cause of Death Coronary Thombosis

Contributory Causes Arteriosclerosis Myocarditis Chr. Generalized Arteriosclerosis Chr.

Certifying Physician C.B. Andrews M.D. (or Coroner)

His Address Sonoma, Calif

Name of Father James Landy

His Birthplace Ireland

Maiden Name of Mother Mary Wood

Her Birthplace Ireland

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Catholic Cemetery Sonoma

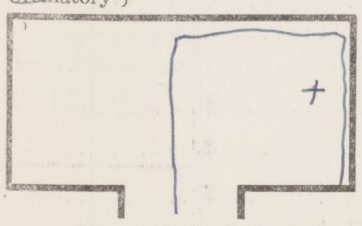

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 295	
Casket		
Burial Vault or Box (State Kind)	15	
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $ 14.50		
Getting Remains from 1/2 = 15.00		
Taking Remains to 1/2 = 15.50		
Trip to Coroner's Inquest 1/2 = 16.25		
Delivering Box to 1/2 = 16.25		
Deliver Flowers to 8.1.25		
Removal Charges 4.06.25		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cleaning plot	2	00
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb	15	
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Index Tribune	2	56
... line Death Notices in ... Papers (Names of Newspapers)		
Low Mass	15	
	4	06
Sales Tax		
Total Footing of Bill	$ 348	62
Less 5% on $310 = $15.50	$ 15	50
Balance	$ 333	12

Entered into Ledger, page ... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	12-11-43	" In full	$ 333.12	$ —
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed ...

Witness ... Address ...

Compiled by F. J. FEINEMAN, St. Louis, Mo.

218

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry ..Dec. 11..... 19 43

Name of Deceased ..Phillips Hugh Senn.....
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: ..Eldridge..... ☐Husband ☐Wife ☐Widow } .....
or..... .....of } Age of Husband or Wife (if living).....Years

Charge to: ..Hugo Senn.....

Address. 233 Fulton Drive - Menlo Park, Cal

~~Order given~~ by ..Phs. Palo Alto - 5545.....
(or informant)

How Secured .....

If Veteran, State War ..... none .....

Occupation ..... none .....
(Social Security Number)

Employer and Address .....

Date of Death ..... 12-9-43 ..... 4:30 A.M.
(Date) (Hour)

Date of Birth ..... Aug. 23 - 1924 .....

Age ..... 19 ..... 3 ..... 16 .....
(Years) (Months) (Days)

Date of Funeral 12-13-43 - Mon ..... 10 A.M.
(Date) (Day of Week) (Hour)

Services at ..Oliver Memorial Park.....

Clergyman .....
(Address)

Religion of the Deceased ..Pro.....

Birthplace ..San Francisco Co., Cal.....

Resided in the State ..Life.....
(or U. S. or City or County) (Years) (Months)

Place of Death ..Eldridge, Cal.....

Cause of Death ..Status Epilepticus.....

Contributory Causes ..Epilepsy - chronic.....

.....

Certifying Physician ..Dr. King.....
(or Coroner)

His Address ..Eldridge.....

Name of Father ..Hugo Senn.....

His Birthplace ..Switzerland.....

Maiden Name of Mother ..Dorothy Walker.....

Her Birthplace ..San Francisco Co., Cal.....

~~Motor~~ / ~~Ship~~ } Remains to ..Oliver.....

Size of Casket ..6/3 covered China.....
(State Color and Number)

Manufactured by .....

~~Cemetery~~ / ~~Crematory~~ } ..Oliver Memorial Park.....

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays) Agreed	$	120	00
Casket			
Burial Vault or Box (State Kind)			
Embalming Body (Name of Embalmer)			
Barber, $ ..... Hair Dressing, $			
Dressing Body, $ ..... Underwear, $			
Suit or Dress (State Kind and Color)			
Slippers, $ ..... Hose, $			
Folding Chairs, $ ..... Tarpaulin, $			
Candelabrum, $ ..... Candles, $			
Door Spray, $ ..... Gloves, $			
Funeral Car, $ ..... Ambulance, $			
Limousines to Cemetery ..... @ $			
Extra Limousines ..... @ $			
Autos to R. R. Station ..... @ $ 6.00			
Getting Remains from ..... 1/2 ..... 6.00			
Taking Remains to ..... M.M. 3.00			
Trip to Coroner's Inquest 15.00			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit ..San Mateo..... (State Number and District)		2	00
1 Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)		1	00
Pall Bearer Service, $ .... Use of Chapel, $			
Gross Total for Sales Tax	$		
Outlay for Lot			
Cremation			
Flowers, $ ..... Palms, $ ..... Matting, $			
Rental of Tent, $ .... of Temporary Vault, $			
Opening of Grave or Tomb			
Lining Grave, $ ..... Lowering Device, $			
Outlay for Shipping Charges			
Clergyman, $ ..... Singers, $ .... Organist, $			
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service			
.....			
....line Death Notices in ..... Papers (Names of Newspapers)			
Sales Tax		1	50
Total Footing of Bill	$	124	50
Less	$		
Balance	$		

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Dec. 16-43	" In full	$ 124 50	$ —
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

219

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry December 15 19 43

Name of Deceased Mary Cadwaladar White

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Sonoma Calif ☐Husband ☐Wife ☐Widow

Charge to Mrs. Oliver Maffei or ..... of } Age of Husband or Wife (if living) ..... Years

Address Sonoma, Calif

Order given by Above (or informant)

How Secured

If Veteran, State War None

Occupation ~~Housewife~~ None (Social Security Number)

Employer and Address

Date of Death Dec 15, 1943 (Date) 12 midnight (Hour)

Date of Birth July 22, 1869

Age 74 (Years) 4 (Months) 24 (Days)

Date of Funeral Dec 18 (Date) Sat (Day of Week) 10 A.M. (Hour)

Services at St. Francis

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Rome Italy

Resided in the State 34 years (or U. S. or City or County) (Years) — (Months)

Place of Death Sonoma Co. Hospital

Cause of Death Gangrene of foot due to,

Contributory Causes Generalized & peripheral Arteriosclerosis

Certifying Physician Garfield Barnett md (or Coroner)

His Address So. Co. Hospital

Name of Father Altezio

His Birthplace Italy -

Maiden Name of Mother Cecilia Furenti

Her Birthplace Italy -

Motor Ship } Remains to

Size of Casket #9389 Hay Cloth Cov. 220 (State Color and Number)

Manufactured by ~~Lee~~

Cemetery ~~Crematory~~ } Mt. Cemetery Sonoma, Calif

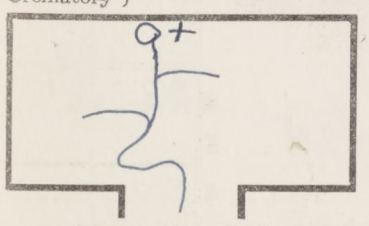

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	295 -
Casket		
Burial Vault or Box (State Kind)		15 -
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
~~Suit or~~ Dress & Hat (State Kind and Color)		10 25
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $ 14	1 50	
Getting Remains from ½	15 00	
Taking Remains to	10 50	
Trip to Coroner's Inquest	17 25	
Delivering Box to	17 25	
Deliver Flowers to	17 625	
Removal Charges	4 31 25	
Procuring Burial Permit (State Number and District)		1 -
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		30 -
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Mass		15 00
....line Death Notices in ..... Papers		
Indent (Names of Newspapers)		2 56
Sales Tax		4 06
Total Footing of Bill	$	372 87
Less 15 50 = 30 days	$	15 50
Balance	$	357 37

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
1/13/44	To Above Balance Statement		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
3/9/44	By Payment Paid in full -	$ 357 37	$
	" "	$ 372 87	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

220

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec. 20 1943

Name of Deceased Francesco Grosso (What Race) white

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence: Sonoma - W. Napa St. ☐Husband ☐Wife ☐Widow } of .....

Charge to: Rosa Grosso - Sister Age of Husband or Wife (if living) ..... Years

Address: Sonoma

Order given by ..... (or informant)

How Secured .....

If Veteran, State War ..... none

Occupation: Ranch Laborer - none (Social Security Number)

Employer and Address .....

Date of Death: Dec. 20 (Date) 1205 P.M. (Hour)

Date of Birth: March 30 1876

Age: 67 (Years) 8 (Months) 20 (Days)

Date of Funeral: 12-23-43 (Date) Thu. (Day of Week) 10 A.M. (Hour)

Services at: St. Francis Church

Clergyman: Father Lacey (Address)

Religion of the Deceased: Catholic

Birthplace: Italy

Resided in the State: 40 (or U. S. or City or County) (Years) (Months)

Place of Death: Napa State Hospital

Cause of Death: Chronic Myocarditis

Contributory Causes: Chr. Mental Disease

Certifying Physician: Arthur R. Jewel (or Coroner)

His Address: Napa State Hospital

Name of Father: Giovanni P. Grosso

His Birthplace: Albisola, Italy

Maiden Name of Mother: Laura Porodi

Her Birthplace: Camoliga, Italy

Motor Ship } Remains to .....

Size of Casket: 6'3" Cov. 3 panel Cam. Crepe (State Color and Number)

Manufactured by: S. F. Co. Co.

Cemetery ~~Crematory~~ } Catholic

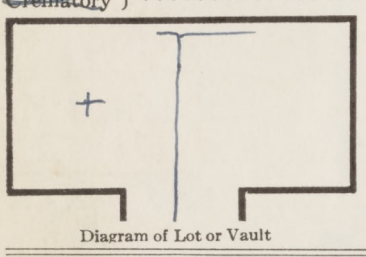

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	180.00
Casket		
Burial Vault or Box (State Kind)		15.00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $ 1/2 = 90.00		
Candelabrum, $ ..... Candles, $ 15.00		
Door Spray, $ ..... Gloves, $ 105.00		
Funeral Car, $ ..... Ambulance, $ 105.00		
Limousines to Cemetery ..... @ $ 5.25.00		
Extra Limousines ..... @ $ 4.6.25.00		
Autos to R. R. Station ..... @ $ 140.00		
Getting Remains from ..... 1/2 = 15.00		
Taking Remains to ..... 1/2 = 15.00		
Trip to Coroner's Inquest 15.00		
Delivering Box to 7.50		
Deliver Flowers to 7.50		
Removal Charges 2.81		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		15.00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....		
....line Death Notices in Local Papers		2.56
....La Italia (Names of Newspapers)		3.50
....Low Mass		15.00
Sales Tax		2.63
Total Footing of Bill	$	233.69
Less 5% on $195.00 30 dys = $9.75	$	9.75
Balance	$	223.94

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
1/13/44	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	Jan. 18, 1944	By Payment Burial	$	$
	" "	$	$		" "	$	$ 223.94
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Dec. 26 1943

Name of Deceased Walter Leland Sutter white

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Bayes Hot Springs ☐Husband ☐Wife ☐Widow } .....

Charge to Alice Sutter or ..... of } Age of Husband or Wife (if living) ..... Years

Address Bayes Springs - Gen. Del.

Order given by ..... (or informant)

How Secured .....

If Veteran, State War none

Occupation none (Social Security Number)

Employer and Address .....

Date of Death Sunday (Date) 3 P.M. (Hour)

Date of Birth Sept. 3 1938

Age 5 (Years) 3 (Months) 23 (Days)

Date of Funeral Wed. (Date) 12-29-43 (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev. E. W. Perry - Sonoma (Address)

Religion of the Deceased Protestant

Birthplace Santa Rosa

Resided in the State Life (or U.S. or City or County) " (Years) (Months)

Place of Death Burndale Hospital

Cause of Death Anuria (complete suppression of kidney function for 43 hrs.

Contributory Causes Intra-tubular Sulfadiazine kidney concretion - Pneumonia (lobar)

Certifying Physician Wm Newman M.D. (or Coroner)

His Address Sonoma

Name of Father Joseph Sutter

His Birthplace Petaluma, Cal.

Maiden Name of Mother Alice Behlow

Her Birthplace Brentwood, Cal.

Motor Ship } Remains to .....

Size of Casket H/O No. 500 White Camb. (State Color and Number)

Manufactured by S. F. C. Co.

Cemetery } Mt. Cemetery - Sonoma

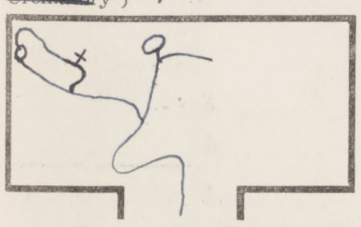

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	135.00
Casket		
Burial Vault or Box (State Kind)		10 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ..... 1/2 = 6750		
Taking Remains to ..... B.H. 10.00		
Trip to Coroner's Inquest 7750		
Delivering Box to 7750		
Deliver Flowers to 3875		
Removal Charges 19375		
Procuring Burial Permit (State Number and District)		1 00
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		12 00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Index Tribune		2 56
....line Death Notices in ..... Papers		
Rev. Petry. (Names of Newspapers)		5 00
Mrs. Grimstead		5 00
Sales Tax		1 93
Total Footing of Bill	$	172 49
Less 5% on $145 = 7.25 - 30 days	$	7 25
Balance	$	165 24

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	12-31-43	"In full	$ 165.42	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

222

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry January 4 1944

Name of Deceased Walter Scott Bonbright White

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Box 104 Glen Ellen, Caly. ☐Husband ☐Wife ☐Widow } Jane Italia 68

or..... of } Age of Husband or Wife (if living)..... Years

Charge to: Mrs. Jane Bonbright

Address Box 104 - Glen Ellen Caly

Order given by — (or informant)

How Secured

If Veteran, State War None -

Occupation Elocutionist Retired None (Social Security Number)

Employer and Address

Date of Death Jan 4, 1944 (Date) 5 a.m. (Hour)

Date of Birth Dec 9, 1860

Age 83 (Years) (Months) 25 (Days)

Date of Funeral Jan 6 (Date) Thurs (Day of Week) 2:30 P.M. (Hour)

Services at Chapel

Clergyman Rev. Champlin Petaluma Rd (Address)

Religion of the Deceased

Birthplace Pennsylvania

Resided in the State (or U. S. or City or County) 45 (Years) (Months)

Place of Death Home -

Cause of Death Coronary Occlusion

Contributory Causes Arteriosclerosis. myocarditis Generalized Arteriosclerosis. Varicose Veins bilateral -

Certifying Physician Carroll R. Andrews M.D. (or Coroner)

His Address Sonoma Caly

Name of Father George Bonbright

His Birthplace Pennsylvania

Maiden Name of Mother Elizabeth Shallenberger

Her Birthplace Pennsylvania

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Mt. Cemetery Sonoma Caly

Lot No.

Grave No.

Section No.

Block No.

Complete Funeral (except outlays)	$ 145 00
Casket	
Burial Vault or Box (State Kind)	15 00
Embalming Body (Name of Embalmer)	
Barber, $ ... Hair Dressing, $	
Dressing Body, $ ... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ... Hose, $	
Folding Chairs, $ ... Tarpaulin, $	
Candelabrum, $ ... Candles, $	
Door Spray, $ ... Gloves, $	
Funeral Car, $ ... Ambulance, $	
Limousines to Cemetery ... @ $	
Extra Limousines ... @ $	
Autos to R. R. Station ... @ $	
Getting Remains from ... 1/2 = 12.50 15.00	
Taking Remains to 8.75	
Trip to Coroner's Inquest 8.75	
Delivering Box to 43.75	
Deliver Flowers to 21.875	
Removal Charges	
Procuring Burial Permit (State Number and District)	6 00
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot 4 pasture @ 1.00	4 00
Cremation	
Flowers, $ ... Palms, $ ... Matting, $	
Rental of Tent, $ ... of Temporary Vault, $	
Opening of Grave or Tomb	35 00
Lining Grave, $ ... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ... Singers, $ ... Organist, $	
Railroad or Motor } Tickets, $ ... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service	
Minister (themselves)	
... line Death Notices in ... Papers	
Singer (themselves) (Names of Newspapers)	
Sales Tax	2 19
Total Footing of Bill	$ 207 19
Less 8.00 30 Days	$ 8 -
Balance	$ 199 19

Entered into Ledger, page ... or below.

Statement 1/13/44

Casket No. 13
Size 6/3
Covering Steel Greyette
Description Lined 1/2 way 250 338 Handles

Balance		Date		Amount Paid		Balance	
			To Balance Forward			$	
			By Payment	$		$	
		Jan 17, 44	Jan 4-44	$	50.00	$	
			In full	$	149 19	$	
			" "	$		$	
$			" "	$		$	
$			" "	$		$	
$			" "	$		$	

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed ...

Witness ... Address ...

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Jan 8 1944

Name of Deceased Andro Calufetti (What Race) White

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Rt. 1 Bx 191 Sonoma ☐Husband ☐Wife ☐Widow of Pauline 65

Charge to Mrs. Andro Calufetti Age of Husband or Wife (if living) Years

Address Rt. 1 Bx 191 - Sonoma

Order given by (or informant)

How Secured

If Veteran, State War none

Occupation Retired Miner none (Social Security Number)

Employer and Address

Date of Death Jan 8, 1944 (Date) 1:35 P.M. (Hour)

Date of Birth Nov 8, 1868

Age 75 (Years) 2 (Months) 0 (Days)

Date of Funeral Jan 10 (Date) Monday (Day of Week) 2 P.M. (Hour)

Services at No Services

Clergyman (Address)

Religion of the Deceased

Birthplace Italy

Resided in the State (or U. S. or City or County) 25 (Years) - (Months)

Place of Death Home

Cause of Death Myocardial Failure

Contributory Causes Chronic Ulcers

Certifying Physician Dr A K McGrath (or Coroner)

His Address Sonoma Caly

Name of Father Faustino Calufetti

His Birthplace Italy

Maiden Name of Mother Faustina Calufetti

Her Birthplace Italy

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Chapel of the Chimes Santa Rosa, Caly

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	195 -
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery 1 @ $ 10.00		10 00
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from 1/2 = 97.50		
Taking Remains to 97.50		
Trip to Coroner's Inquest 48.75		
Delivering Box to 243.75		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45 50
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Indep. Tribune		2 56
line Death Notices in ... Papers		
Flowers		5 00
(Names of Newspapers)		
(No Minister)		
(No Singer)		
Sales Tax		2 63
Total Footing of Bill	$	260 69
Less 9 1/3 30 days	$	9 75
Balance	$	250 94

Entered into Ledger, page ... or below.

Statement 1/13/44

Casket No. 9560
Size 6/3
Covering Gray Eng.
Description Lined Rego 352-Hdls

Date		Amount Paid	Balance
	To Balance Forward		$
Jan 13, 44	By Payment	$250 94	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ...% per annum.

Signed

Witness ... Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

224

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry January 10 19 44

Name of Deceased Frederick Victor Donahue White
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 4820 Broadway Oakland Caly ☐Husband ☐Wife ☐Widow } ..... or..... .....of } Age of Husband or Wife (if living).....Years

Charge to Mrs. Georgie Burns

Address.....

Order given by..... (or informant)

How Secured.....

If Veteran, State War None

Occupation Unknown None (Social Security Number)

Employer and Address.....

Date of Death Jan 10, 1944 (Date) 5 A.M. (Hour)

Date of Birth August 2, 1877

Age 66 (Years) 5 (Months) 8 (Days)

Date of Funeral Jan 12, Wed. (Date) (Day of Week) 10 A.M. (Hour)

Services at St. Frances (Address)

Clergyman.....

Religion of the Deceased Catholic

Birthplace California

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Fairmont Hospital San Leandro

Cause of Death Heart disease

Contributory Causes Arteriosclerotic

.....

Certifying Physician Louis J. Buschini M.D. (or Coroner)

His Address Fairmont Hospital

Name of Father Michael Donahue

His Birthplace Ireland

Maiden Name of Mother Mary Williams

Her Birthplace Ireland

Motor Ship } Remains to.....

Size of Casket #50 3 pan. Eng. Crepe (State Color and Number)

Manufactured by S.F. Co.

Cemetery Crematory } Catholic Sonoma, Caly

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 200	-
Casket		
Burial Vault or Box (State Kind)	15	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or ~~Dress~~ 1 Suit (State Kind and Color)	15	38
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 1/2 — 100.00		
1/4 Suit 15.00		
Taking Remains to	15.00	
Trip to Coroner's Inquest	130.00	
Delivering Box to	130.00	
Deliver Flowers to	65.00	
Removal Charges	3,2500	
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	15	00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
..... Mass	15	00
....line Death Notices in ..... Papers		
..... Index (Names of Newspapers)	2	56
.....		
.....	2	88
Sales Tax		
Total Footing of Bill	$ 265	82
Less $11.50 30 days	$ 11	50
Balance	$ 254	32

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Jan 12 44	To Above Balance Book statement	$	$	Jan 17 '43	To Balance Forward	$	$
	By Payment	$	$		By Payment Jno Sulff	$ 254,32	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Phone 511-M

225

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry January 10 1944

Name of Deceased Frank A. Biedermann (What Race) White

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence R.F.D. Bx. 41 A. Sonoma, Caly ☐Husband ☐Wife ☐Widow or.....of Winifred Age of Husband or Wife (if living) 53 Years

Charge to Mrs. Winifred ~~Donahue~~ Biedermann

Address Sonoma Caliy

Order given by..... (or informant)

How Secured.....

If Veteran, State War None

Occupation Electrical Inspector Retired (Social Security Number)

Employer and Address.....

Date of Death Jan. 10, 1944 (Date) 3:25 P.M. (Hour)

Date of Birth July 26, 1875

Age 68 (Years) 5 (Months) 14 (Days)

Date of Funeral Jan. 13 (Date) Thurs. (Day of Week) 10 A.M. (Hour)

Services at St. Francis (Address)

Clergyman.....

Religion of the Deceased Catholic

Birthplace San Francisco, Caly

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Victory Hospital Napa

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Dr. C. B. Andrews (or Coroner)

His Address Sonoma Caliy

Name of Father Charles Biedermann

His Birthplace Switzerland

Maiden Name of Mother Rosalinda Arguello

Her Birthplace Caliy

Motor / Ship } Remains to.....

Size of Casket #345 H.P. #4 R. Cov. (State Color and Number)

Manufactured by A.J.F. Co.

Cemetery / Crematory } Catholic, Sonoma Caliy

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 295	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $ 1/2 = 14750 15.00		
Getting Remains from ~~R~~ 16250		
Taking Remains to 16250		
Trip to Coroner's Inquest 8120		
Delivering Box to 4062.5		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot ~~2~~ 2 Graves @ 10	20	00
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb	15	00
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad / or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....:		
....line Death Notices in ..... Papers		
~~London~~ Londen Tribune (Names of Newspapers)	2	56
Examiner	4	96
Mass	15	00
	4	06
Sales Tax		
Total Footing of Bill	$ 37	58
Less 15.50 30 days Certified Copy	$ 37	58
Balance	$ 15	50
Entered into Ledger, page ..... or below.	35-7	08

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Jan. 17, 44	To Above Balance Statement	$	$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Jan. 27, 1944	" "	$ 35708	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

226

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry January 1. 1944

Name of Deceased Elise Aguilon White (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence Broadway Sonoma ☐Husband ☐Wife ☐Widow

or.....of Age of Husband or Wife (if living).....Years

Charge to Mrs. Gabrielle Heggie

Address Sonoma Caly

Order given by..... (or informant)

How Secured.....

If Veteran, State War None

Occupation At Home None (Social Security Number)

Employer and Address.....

Date of Death Jan 11, 1944 (Date) 12:40 A.M. (Hour)

Date of Birth Nov 4, 1860

Age 83 (Years) 2 (Months) 7 (Days)

Date of Funeral Jan. 15 (Date) Sat (Day of Week) 1 P.M. (Hour)

Services at St. Francis

Clergyman..... (Address)

Religion of the Deceased Catholic

Birthplace San Francisco Caly

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Wm J. Newman M.D. (or Coroner)

His Address Sonoma, Caly

Name of Father Camille Aguillon

His Birthplace France

Maiden Name of Mother Camile Furrel

Her Birthplace France

Motor / Ship } Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by.....

Cemetery / Crematory } Mt. Cemetery Sonoma

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	500 00
Casket		
Burial Vault or Box (State Kind)		150 00
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $.....		
~~Dressing~~ Body, $..... Underwear, $~~1.~~ Jay		4 64
~~Suit or~~ Dress ~~1~~ Jay (State Kind and Color)		6 15
Slippers, $		
Fol		
Car		
Doc		
Fun		
Lim		
Ext		
Aut		
Gett		
Tak		
Trip		
Deli		
Deli		
Rem		
Proc		
C		
Pall		
Gross		
Outla		
Crem		
Flowe		
Renta		
Openi		
Lining		
Outla		
Clergy		
Railroa or Moto		
Telegr		
Cash		
Out of		
Person		
....li		
		2 56
Sales Tax		6 63
Total Footing of Bill	$	585 46
Less 5% on 515.00 25.75	$	
Balance	$	
Entered into Ledger, page .....or below.		

G. H. HOTZ

LADIES' READY-TO-WEAR

LINGERIE - HOSIERY - MILLINERY

EXCLUSIVE STYLES — MEN'S FURNISHINGS

PHONE 71-W Sonoma, Calif. Jan 11 1943

Sold to Bates & Evans

Address

Putty	75
Vent	75
Vase	1.50
Clip	190
	4.53
	11
34	4.64

Return This Label for Duplicate

SERIAL No. 190

CASKET No. 219W Size 6/6

COVERING Tutone Mahogany finish

DESCRIPTION Hinged Cap 1380 Sunset Orlando Satin made plain tailored with spec. pleats on centerboard - Pillow set 1380 - Square plain pillow, shirred sides - Trim Complete

Amount Paid	Balance	Date		Amount Paid	Balance
	$		To Balance Forward		$
		May 17, 44	By Payment in full	$ 59 71	$
			" "	$	$
			" "	$	$
			" "	$	$
			" "	$	$
			" "	$	$
			" "	$	$

Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum

Feb 3, Settlement mailed

Feb 5 - Filed with ARS.

Witness..... Signed.....

Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

227

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry January 18 19 44

Name of Deceased William D. Schaal White
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Vineberg Caly ☐Husband ☐Wife ☐Widow } Nora M.
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Wendell Schaal

Address Vineberg Caly

Order given by ..... (or informant)

How Secured .....

If Veteran, State War None

Occupation Retired farmer None (Social Security Number)

Employer and Address .....

Date of Death Jan 18 1944 (Date) 11:10 P.M. (Hour)

Date of Birth Oct 3 1860

Age 83 (Years) 2 (Months) 17 (Days)

Date of Funeral Jan 22 (Date) Sat (Day of Week) 1 P.M. (Hour)

Services at Chapel

Clergyman Rev Perry (Address)

Religion of the Deceased .....

Birthplace Missouri

Resided in the State 10 years (or U. S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death Cardiac decompensation

Contributory Causes With Lung & Liver Congestion Chr. Myocarditis

Certifying Physician Wm. J. Newman M.D. (or Coroner)

His Address Sonoma Caly

Name of Father Emanuel Schaal

His Birthplace Germany

Maiden Name of Mother Mary Jane Armstrong

Her Birthplace Unknown

Motor / Ship } Remains to .....

Size of Casket 6/3 - #50 - 3 panel Eng. (State Color and Number)

Manufactured by S.F.

Cemetery / Crematory } Mt. Cemetery Sonoma

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$ 200	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $ 1/2 = 100.00		
Autos to R. R. Station ..... @ $ 13 15.00		
Getting Remains from 115.00		
Taking Remains to 115.00		
Trip to Coroner's Inquest 57.50		
Delivering Box to 287.50		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	6	-
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	32	-
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Rev Perry	5	00
....line Death Notices in ..... Papers		
Sonoma Index (Names of Newspapers)	2	56
Sales Tax	2	88
Total Footing of Bill	$ 263	44
Less 10 - 30 days 15	$ 10	75
Balance	$ 252	69

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
Jan 22 44	By Payment	$	$		By Payment	$	$ 252.69
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

226

RECORD OF

Total No..... Yearly No.....

Name of Deceased Elise Aguillon

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence Broadway Sonoma

Charge to Mrs. Gabrielle Heggie

Address Sonoma, Caly

Order given by ..... (or informant)

How Secured .....

If Veteran, State War None

Occupation At Home None (Social Security Number)

Employer and Address .....

Date of Death Jan 11, 1944 (Date) 12:40 A.M. (Hour)

Date of Birth Nov 4, 1860

Age 83 (Years) 2 (Months) 7 (Days)

Date of Funeral Jan. 15 (Date) Sat (Day of Week) 1 P.M. (Hour)

Services at St. Francis (Address)

Clergyman .....

Religion of the Deceased Catholic

Birthplace San Francisco Caly

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Wm J. Newman M.D. (or Coroner)

His Address Sonoma, Caly

Name of Father Camille Aguillon

His Birthplace France

Maiden Name of Mother Camile Furrel

Her Birthplace France

Motor / Ship } Remains to .....

Size of Casket .....

Manufactured by ..... (State Color and Number)

Cemetery / Crematory } Mt. Cemetery Sonoma

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Comp			
Casket			
Burial			
Emb			
Barb			
Dres			
Suit			
Slipp			
Fold			
Car			
Doc			
Fun			
Lim			
Extra Limousines	@ $		
Autos to R. R. Station	@ $ ½ =	250.00	
Getting Remains from	Bpt	15.00	
Taking Remains to	Dress + Underman	10.50	
Trip to Coroner's Inquest		27.50	
Delivering Box to		27.50	
Deliver Flowers to		13.75	
Removal Charges		6.88.75	
Procuring Burial Permit			1.00
Certif. Copies of Death Certificates No. (State Number and District)			
Pall Bearer Service, $ .... Use of Chapel, $ (State Physician's or Coroner's)			
Gross Total for Sales Tax	$		
Outlay for Lot			
Cremation			
Flowers, $ .... Palms, $ .... Matting, $			
Rental of Tent, $ .... of Temporary Vault, $			30.—
Opening of Grave or Tomb			
Lining Grave, $ .... Lowering Device, $			
Outlay for Shipping Charges			
Clergyman, $ .... Singers, $ .... Organist, $			
Railroad / or Motor } Tickets, $ .... Aero-plane Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service			
Mass			15.00
line Death Notices in Papers			
Chronicle (Names of Newspapers)			4.48
Indep. Tribune			2.56
Sales Tax			6.63
Total Footing of Bill	$		585.46
5% if 515.00 Less	$	25.75	
Balance	$		
Entered into Ledger, page ..... or below.			

Amount Paid	Balance	Date		Amount Paid	Balance
$			To Balance Forward		$
		May 17, 44	By Payment in full	559.71	$
			" "	$	$
			" "	$	$
			" "	$	$
			" "	$	$
			" "	$	$
			" "	$	$

Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Feb. 3, Statement mailed

Feb 5 - Filed with ARs.

Witness .....

Signed .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Return This Label for Duplicate

SERIAL No. 190

CASKET No. 219W Size 6/6

COVERING Tutone Mahogany finish

DESCRIPTION Hinged Cap 1380 Sunset Orlando Satin made plain tailored with spec. pleats on centerboard - Pillow set 1380 - Square plain pillow, shirred sides - Trim Complete

HOTZ'S

SPECIALIZING IN —

LADIES' READY-TO-WEAR

LINGERIE

HOSIERY

MILLINERY

NOVELTIES

MEN'S FURNISHINGS

CLOTHING

SHIRTS

UNDERWEAR

HATS

TIES

If your Purchase is in any way Unsatisfactory, Please Report the same as all Errors will be Cheerfully Rectified.

REDIFORM-PACIFIC MANIFOLDING BOOK CO., INC., EMERYVILLE, CALIF. 990A

227

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry January 18 19 44

Name of Deceased William D. Schaal White

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Vineberg Caly ☐Husband ☐Wife ☐Widow } Nora M. —

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Wendell Schaal

Address Vineberg Caly

Order given by ..... (or informant)

How Secured .....

If Veteran, State War None

Occupation Retired farmer None (Social Security Number)

Employer and Address .....

Date of Death Jan 18 1944 (Date) 11½ P.M. (Hour)

Date of Birth Oct 3 1860

Age 83 (Years) 2 (Months) 17 (Days)

Date of Funeral Jan 22 (Date) Sat (Day of Week) 1 P.M. (Hour)

Services at Chapel

Clergyman Rev Perry (Address)

Religion of the Deceased .....

Birthplace Missouri

Resided in the State 10 years (or U. S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death Cardiac decompensation

Contributory Causes With Lung & Liver Congestion Chr. Myocarditis

Certifying Physician Wm. J. Newman M.D. (or Coroner)

His Address Sonoma Calif.

Name of Father Emanuel Schaal

His Birthplace Germany

Maiden Name of Mother Mary Jane Armstrong

Her Birthplace Unknown

Motor Ship } Remains to .....

Size of Casket 6/3 - #50 - 3 panel Eng. (State Color and Number)

Manufactured by S.F.

Cemetery Crematory } Mt. Cemetery Sonoma

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$ 200	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $ 1/2 = 100.00		
Autos to R. R. Station ..... @ $ 13 15.00		
Getting Remains from 115.00		
Taking Remains to 115.00		
Trip to Coroner's Inquest 57.50		
Delivering Box to 287.50		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	6	—
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	32	—
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Rev Perry	5	00
....line Death Notices in ..... Papers		
Sonoma Index (Names of Newspapers)	2	56
Sales Tax	2	88
Total Footing of Bill	$ 263	44
Less 10 — 15 30 days	$ 10	75
Balance	$ 252	69

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward	$	$
Jan 22 44	By Payment	$	$		By Payment	$	$ 262.69
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

228

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Jan 21 1944

Name of Deceased Marie L. Murray White
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Broadway St. Sonoma, Calif ☐Husband ☐Wife ☐Widow
or.....of Age of Husband or Wife (if living).....Years

Charge to Marie Dal Poggetto

Address Sonoma Calif

Order given by (or informant)

How Secured

If Veteran, State War None

Occupation At Home None (Social Security Number)

Employer and Address

Date of Death Jan 21, 1944 (Date) 11:45 P.M. (Hour)

Date of Birth Unknown

Age About 82 years (Years) (Months) (Days)

Date of Funeral Jan 24 (Date) Monday (Day of Week) 10:30 A.M. (Hour)

Services at Chapel

Clergyman Father Lacey Sonoma (Address)

Religion of the Deceased Catholic

Birthplace Bourdeaux France

Resided in the State 50 years (or U. S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death Myocardial failure

Contributory Causes

Arteriosclerotic

Certifying Physician A. K. McGrath MD (or Coroner)

His Address Sonoma, Calif

Name of Father Unknown

His Birthplace France

Maiden Name of Mother Unknown

Her Birthplace France

Motor / Ship Remains to

Size of Casket 87 (State Color and Number)

Manufactured by S.F. Co.

Cemetery / ~~Crematory~~ Mt. Cemetery Sonoma, Calif

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	380 -
Casket		
Burial Vault or Box (State Kind)		15 -
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
~~Dressing Body~~, $ ..... Underwear, $ Jat		3 86
~~Suit or~~ Dress 1 Jat (State Kind and Color)		15 38
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $ 1/2 = 190.00		15.00
Getting Remains from		
Taking Remains to Sent + Andrew		18.75
Trip to Coroner's Inquest	223.75	
Delivering Box to	223.75	
Deliver Flowers to	11 88	
Removal Charges	5.59 38	
Procuring Burial Permit (State Number and District)		1 -
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 4 posts @ 1.00		4 00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		30 -
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Index Tribune		2 56
....line Death Notices in ..... Papers		
St Francis Church (Names of Newspapers)		15 00
Sales Tax		5 13
Total Footing of Bill	$	471 93
Less Courtesy discount 10% 41.00 =	$	41 -
Balance	$	430 93

Entered into Ledger, page .....or below.

Casket No. 9388
Size 6/3
Covering #285
Description Atwood of Rosetan-Pink 444 3x0 Gold Handles

87.

Date		Amount Paid	Balance
			$
Jan 27, 44	To Balance Forward		$
	By Payment	$430 93	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Back - Stanwyx

Names of Lodges..... Insurance Companies.....

...ze the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

229

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry January 24 1944

Name of Deceased Lenora Harr Linton (What Race) White

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Sonoma Chase St. ☐Husband ☐Wife ☐Widow of Thomas S. Linton 79.

Charge to Thomas S. Linton Age of Husband or Wife (if living)..... Years

Address 201 Chase St Sonoma

Order given by above (or informant)

How Secured

If Veteran, State War None

Occupation At Home None (Social Security Number)

Employer and Address

Date of Death Jan 24, 1944 (Date) (Hour)

Date of Birth July 27, 1863

Age 80 (Years) 5 (Months) 27 (Days)

Date of Funeral 1-26-44 (Date) Wed (Day of Week) 2 P.M. (Hour)

Services at Chapel of Chimes, Santa Rosa

Clergyman Robert Rankin Santa Rosa (Address)

Religion of the Deceased M. E. S.

Birthplace Elsworth Illinois

Resided in the State 28- (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Myocardial failure

Contributory Causes Arteriosclerosis

Certifying Physician A. W. Guth (or Coroner)

His Address

Name of Father Martin Harr

His Birthplace Ohio

Maiden Name of Mother Unknown Linton

Her Birthplace Ohio

Motor / Ship } Remains to

Size of Casket #40 23 Silver Doeskin (State Color and Number)

Manufactured by F. Daly Casket Co.

Cemetery / Crematory } Chapel of the Chimes S. R.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	235 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ..... 1/2 = 11750		
Taking Remains to 11750		
Trip to Coroner's Inquest 5875		
Delivering Box to 29375		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45 —
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev. Robert Rankin		5 —
Fine Death Notices in Local Papers		2 54
Dem. & Rep. (Names of Newspapers)		2 —
Sales Tax		3 13
Total Footing of Bill	$	292 69
Less Courtesy 10% 23 50	$	23 50
Balance	$	269 19

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$	Jan. 28-44	By Payment	$ 50 —	$
	" "	$	$	Feb. 10 44	" "	$ 50 —	$
	" "	$	$	Feb 23, 44	" "	$ 169 19	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Jan 26 1944

Name of Deceased Lewis Wollet White

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence R.F.D. Bx 17 Sonoma ☐Husband ☐Wife ☐Widow } Nancy 67.
or..... of } Age of Husband or Wife (if living)..... Years

Charge to Mrs. Nancy Wollet

Address. above -

Order given by..... (or informant)

How Secured.....

If Veteran, State War None

Occupation Loading Clerk None (Social Security Number)

Employer and Address.....

Date of Death Jan 26, 1944 (Date) 5AM (Hour)

Date of Birth June 17, 1873

Age 70 (Years) 7 (Months) 9 (Days)

Date of Funeral Jan 28 (Date) Friday (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev Perry (Address)

Religion of the Deceased.....

Birthplace Lima, Ohio

Resided in the State 35 years (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Coronary Occlusion

Contributory Causes Chr. Myocarditis Arteriosclerosis

Certifying Physician Wm J. Newman M.d. (or Coroner)

His Address Sonoma, Calif.

Name of Father Unknown

His Birthplace Lima Ohio

Maiden Name of Mother Unknown

Her Birthplace Unknown

Motor / Ship } Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by.....

~~Cemetery~~ / Crematory } Chapel of the Chimes Santa Rosa

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	215 -
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ... 1/2 = 107.50		
Taking Remains to ... 107.50		
Trip to Coroner's Inquest ... 58 75		
Delivering Box to ... 2 58 75		
Deliver Flowers to ... 2.		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45 -
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service ... Rev Perry		5 00
....line Death Notices in ..... Papers ... No music -		
(Names of Newspapers) ... No Notices -		
Sales Tax		2 88
Total Footing of Bill	$	267 88
Less 10 1/2 30 days	$	10 75
Balance	$	257 13

Entered into Ledger, page..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Feb 5	To Above Balance		$		To Balance Forward		$
	By Payment	$	$ Feb 18, 44		By Payment	$ 257 13	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Feb 3 19 44

Name of Deceased John Ammann (What Race) White

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence ~~Grove St~~ P.O. Box 129 Glen Ellen Valley Co. Caly

☐ Husband ☐ Wife ☐ Widow of Eliza Age of Husband or Wife (if living) 78 Years

Charge to Mrs. Eliza Ammann

Address ~~Above~~ P.O. Box 129 Glen Ellen

Order given by (or informant)

How Secured

If Veteran, State War None

Occupation Chicken Rancher None (Social Security Number)

Employer and Address

Date of Death Feb 3, 1944 (Date) 1:35 P.m. (Hour)

Date of Birth Jan 31, 1864

Age 80 (Years) (Months) 2 (Days)

Date of Funeral Feb 4, 1944 Saturday (Date) (Day of Week) 10 A.M. (Hour)

Services at Chapel

Clergyman Rev. Perry Sonoma Caly (Address)

Religion of the Deceased

Birthplace Berne Switzerland

Resided in the State 40 years State 64 U.S. (or U. S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death Cardiac decompensation

Contributory Causes Chronic Myocarditis

Pneumoconiosis

Certifying Physician Wm. J. Newman MD (or Coroner)

His Address Sonoma Caly

Name of Father Unknown Ammann

His Birthplace Switzerland

Maiden Name of Mother Unknown

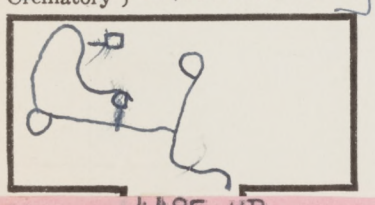
Her Birthplace Switzerland

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Mt Cemetery Sonoma Caly



Lot No.

Grave No.

Section No.

Block No.

Complete Funeral (except outlays)	$ 330 00
Casket	
Burial Vault or Box (State Kind)	15 00
Embalming Body (Name of Embalmer)	
Barber, $ ... Hair Dressing, $	
Dressing Body, $ ... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ... Hose, $	
Folding Chairs, $ ... Tarpaulin, $	
Candelabrum, $ ... Candles, $	
Door Spray, $ ... Gloves, $	
Funeral Car, $ ... Ambulance, $	
Limousines to Cemetery ... @ $	
Extra Limousines ... @ $	
Autos to R. R. Station ... @ $ 1/2 = 165.00	
Getting Remains from ~~M~~ 15.00	
Taking Remains to 180.00	
Trip to Coroner's Inquest 180.00	
Delivering Box to 8.60.00	
Deliver Flowers to 19.00.00	
Removal Charges 4.50.00	
Procuring Burial Permit (State Number and District)	6 -
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ ... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot 2 ~~Boats~~ @ 1.00	2 00
Cremation	
Flowers, $ ... Palms, $ ... Matting, $	
Rental of Tent, $ ... of Temporary Vault, $	
Opening of Grave or Tomb	28
Lining Grave, $ ... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ... Singers, $ ... Organist, $	
Railroad / or Motor } Tickets, $ ... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service	
Oakland Tribune	2 56
... line Death Notices in ... Papers	5 00
Rev Perry (Names of Newspapers)	
Organ only	
~~Singer~~, Mrs Grinstead	2 50
	4 50
Sales Tax	
Total Footing of Bill	$ 395 56
Less 17 1/2 = 30 days	$ 17 25
Balance	$ 378 31
Entered into Ledger, page ... or below.	

Casket No. 4485 HP **Order No.**
Size 6/3 **Date** 8/4/43
Covering 4-C
J. F. Casket Co.
Description Shasta Panel & Pillow
Lined ½ way crepe de chene
30903xO-Hdls

Date		Amount Paid		Balance	
Feb. 5 '44	To Balance Forward	378	31	$	
	By Payment	$		$	
	" "	$		$	
	" "	$		$	
	" "	$		$	
	" "	$		$	
	" "	$		$	
	" "	$		$	

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed

Witness Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

232

Car for family-

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Feb 12 19 44

Name of Deceased Paul E. Robin White

☑ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Sonoma, Caly ☐Husband ☐Wife ☐Widow } ....

or.....of } Age of Husband or Wife (if living).....Years

Charge to Eugene F. Robin

Address 1034 Nelson St Albany, Caly

Order given by..... (or informant)

How Secured.....

If Veteran, State War None -

Occupation Barber Retired None - (Social Security Number)

Employer and Address.....

Date of Death Feb. 12, 1944 (Date) 10:45 AM (Hour)

Date of Birth April 4, 1875

Age 68 (Years) 10 (Months) 8 (Days)

Date of Funeral Feb. 16, 1944 (Date) Wed. (Day of Week) 11 A.M. (Hour)

Services at Chapel

Clergyman Masons Lodge Sonoma (Address)

Religion of the Deceased.....

Birthplace Sonoma, Caly

Resided in the State Life (or U.S. or City or County) (Years) (Months)

Place of Death 3681-23rd St. San Francisco

Cause of Death Coronary Occlusion

Contributory Causes Generalized Arteriosclerosis

.....

Certifying Physician Vance M Strange (or Coroner)

His Address 909 Hyde St. S.F.

Name of Father Victorine Robin

His Birthplace France

Maiden Name of Mother Theresa Acede

Her Birthplace Sonoma Caly -

Motor / Ship } Remains to.....

Size of Casket #345 HP #4R Cov. (State Color and Number)

Manufactured by S.F. Casket Co.

Cemetery / Crematory } Mt. Cemetery Sonoma

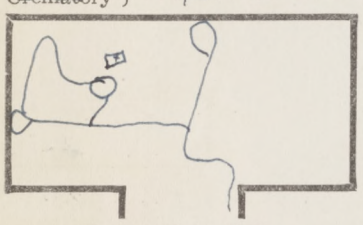


Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 295	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $ 7/2 = 147.50		
Getting Remains from ..... M 15.00		
Taking Remains to 162.50		
Trip to Coroner's Inquest 162.50		
Delivering Box to 81 25		
Deliver Flowers to 406 25		
Removal Charges ..... S.F. permit	1	-
Procuring Burial Permit ..... (State Number and District)	1	-
Certif. Copies of Death Certificates No. ____ (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb	32	-
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad / or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....		
.....line Death Notices in ..... Papers		
..... Independent Tribune (Names of Newspapers)	2	56
.....		
.....		
Sales Tax	4	06
Total Footing of Bill	$ 350	62
Less 15.50 30 days	$	
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance
Feb 21, 44	To Above Balance	$	$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Filed with A.T.G.

Date		Amount Paid	Balance
	To Balance Forward		$
March 25	By Payment	$ 100 -	$
June 4, 1945	"	$ 100 - 62	$
Aug. 11, 1945	"	$ 150 -	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

In full

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

233

Total No..... Yearly No..... Date of Entry Feb 15 1944

Name of Deceased George William Hannah White
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence.....
☐Husband ☐Wife ☐Widow } or..... .....of } Single
Age of Husband or Wife (if living).....Years

Charge to Mrs Abbie Marie Blakey (Sister)

Address ~~Telegraph Funeral~~ 1851 - 11 Ave. Sacramento, Cal

Order given by.....
(or informant)

How Secured Cash

If Veteran, State War.....

Occupation — State Hosp
(Social Security Number)

Employer and Address.....

Date of Death Feb 13, 44 10:15 P.M.
(Date) (Hour)

Date of Birth Oct 20, 1892

Age 51 (Years) 3 (Months) 25 (Days)

Date of Funeral 2-17-44 (Date) Thurs (Day of Week) 10:7 M. (Hour)

Services at Holy Spirit Church Sacramento
(Address)

Clergyman.....

Religion of the Deceased Catholic

Birthplace Wisconsin

Resided in the State (or U.S. or City or County) 20 yrs (Years) (Months)

Place of Death Eldridge

Cause of Death Coronary Occlusion
with Arteriosclerosis

Contributory Causes.....

.....

Certifying ~~Physician~~ Vernon Silvershield
(or Coroner)

His Address Sanitarium

Name of Father John Levi Hannah

His Birthplace Duluth Minnesota

Maiden Name of Mother Johanna Mahoney

Her Birthplace Ettrick, Wisconsin

~~Motor~~ Ship } Remains to Sacramento

Size of Casket 6/6 #46 - 64 Cedar Tioga
(State, Color and Number)

Manufactured by Cal. C. Co.

Cemetery } St. Marys Cemetery, Sacramento
Crematory }

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	310 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress Clothing (State Kind and Color)		1 25
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines to Sacramento		20 —
Autos to R. R. Station ... @ $ ½ = 15.00		
Getting Remains from ~~Hosp~~ 15.00		
Taking Remains to Clothing 1.25		
Trip to Coroner's Inquest 1.25		
Delivering Box to 1.25		
Deliver Flowers to 8.63		
Removal Charges 4.28		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... ~~Palms~~, $..... ~~Matting~~, $		15 00
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....line Death Notices in.....Papers (Names of Newspapers)		
Sales Tax		4 25
Total Footing of Bill	$	365 50
Less 16 2/3 30 days	$	16 25
Balance	$	349 25

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$	2/17/44	By Payment in full	$ 349 25	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

234 Car - Family Do not call

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Feb. 16 1944

Name of Deceased Grace Evelyn Weise White

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Glen Ellen, Caly ☐Husband ☐Wife ☐Widow } Charles G. 80

Charge to: Charles F. Weise or..... .....of } Age of Husband or Wife (if living)..... Years

Address Glen Ellen, Caly

Order given by ..... (or informant)

How Secured .....

If Veteran, State War None

Occupation House Wife None (Social Security Number)

Employer and Address .....

Date of Death Feb. 16, 1944 10:15 P.M. (Date) (Hour)

Date of Birth Oct. 4, 1863

Age 80 (Years) 4 (Months) 12 (Days)

Date of Funeral Oct. 19 (Date) Sat (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev. C. W. Perry Sonoma (Address)

Religion of the Deceased .....

Birthplace San Francisco, Caly

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Coronary Thombosis

Contributory Causes Coronary Sclerosis Generalized Arteriosclerosis Hypertension

Certifying Physician Carroll B. Andrews M.D. (or Coroner)

His Address Sonoma Caly

Name of Father Unknown

His Birthplace Unknown

Maiden Name of Mother Unknown

Her Birthplace Unknown

Motor / Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery / Crematory } Mt. Cemetery Sonoma Caly

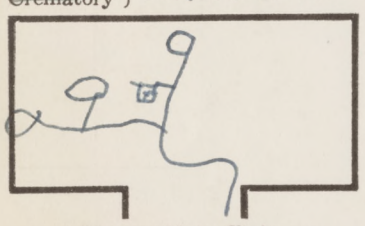


Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$ 200	
Casket		
Burial Vault or Box (State Kind)	15	
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $ 1/2 = 100.00	15.00	
Getting Remains from Oak.	115.00	
Taking Remains to	115.00	
Trip to Coroner's Inquest	57.50	
Delivering Box to	287.50	
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	4	—
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	30	—
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Inder Tribune	2	56
....line Death Notices in ..... Papers (Names of Newspapers) Rev. Perry	5	00
Sales Tax	2	88
Total Footing of Bill	$ 259	44
Less 10 1/2 30 days	$ 10	75
Balance	$ 248	69

Entered into Ledger, page ..... or below.

Casket No. 5050
Size 6/3 $7.
Covering Steel Eng
Description Lined Rego 352 Hdles

ount Paid	Balance	Date		Amount Paid	Balance
	$		To Balance Forward		$
	$		By Payment	$	$
	$	2-28-44	In full	$ 248.69	$
	$		" "	$	$
	$		" "	$	$
	$		" "	$	$
	$		" "	$	$
" "	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness ..... Signed .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

235

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Feb. 18 1944

Name of Deceased Helen G. West. White

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Sonoma

☐ Husband ☐ Wife ☐ Widow } Alexander
or..... of } Age of Husband or Wife (if living)..... Years

Charge to Mrs. Anna Gordon

Address P.O. Bx. 534 Sonoma, Calif

Order given by Jim Gordon + Al West-b
(or informant)

How Secured

If Veteran, State War None

Occupation Housewife None
(Social Security Number)

Employer and Address

Date of Death Feb 18, 1944 9:35 P.M.
(Date) (Hour)

Date of Birth Oct. 23, 1876

Age 67 (Years) 3 (Months) 25 (Days)

Date of Funeral Feb 21 (Date) Mon. (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev. Gerry Sonoma, Calif
(Address)

Religion of the Deceased

Birthplace Glasgow Scotland

Resided in the State 39 years
(or U. S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death Cerebro Vascular

Contributory Causes Thrombosis
Bronco Pneumonia

Certifying Physician C. B. Andrews MD
(or Coroner)

His Address Sonoma Calif

Name of Father Arthur Steven

His Birthplace Inverness, Scotland

Maiden Name of Mother Margaret Menzies

Her Birthplace Achara, Scotland

Motor Ship } Remains to

Size of Casket #50.50 Steel Eng.
(State Color and Number)

Manufactured by S.F.

Cemetery Crematory } Chapel of the Chimes Santa Rosa

Lot No.

Grave No.

Section No.

Block No.

Complete Funeral (except outlays)	$	200
Casket	125	
Burial Vault or Box (State Kind)	10	15
Embalming Body (Name of Embalmer)	35	
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		2.50
Funeral Car, $ Hearse Ambulance, $		15
Limousines to Cemetery ..... @ $		10
Extra Limousines Graveside		2.50
Autos to R. R. Station ..... @ $		
Getting Remains from ½ = 24	100.00	15.00
Taking Remains to	115.00	
Trip to Coroner's Inquest	115.00	
Delivering Box to	57.50	
Deliver Flowers to	287.50	
Removal Charges		5
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45 —
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $	5	
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service ..... Indiet		2 56
..... line Death Notices in ..... Papers		
..... Democrat, Rev. Perry (Names of Newspapers)		5 00
Sales Tax		2 88
Total Footing of Bill ..... 30 days	$	270 44
Less 10% Courtesy Service Boys	$	21 50
Balance	$	248 94

..... page ..... or below. Certificate

	Amount Paid		Balance	
Balance Forward			$	
Payment	$		$	
Card	$		$	
"	$		$	
"	$		$	
in full	$	249.94	$	
"	$		$	
"	$		$	

Mar 31 1944

RECEIVED of E. J. Evans

Two hundred fifty and 00/100 Dollars

Check from Imperial Mutual Ins Co.

Policy of Mrs West.

$250.00 James R. Gordon Jr.

rance
panies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

234 Car. Family Do not call

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Feb. 16 1944

Name of Deceased Grace Evelyn Weise White

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Glen Ellen, Caly ☐Husband ☐Wife ☐Widow } Charles G. 80

Charge to Charles F. Weise or..... .....of } Age of Husband or Wife (if living)..... Years

Address Glen Ellen, Caly

Order given by ..... (or informant)

How Secured .....

If Veteran, State War None

Occupation House Wife None (Social Security Number)

Employer and Address .....

Date of Death Feb. 16, 1944 10:15 P.m. (Date) (Hour)

Date of Birth Oct. 4, 1863

Age 80 (Years) 4 (Months) 12 (Days)

Date of Funeral Oct. 19 (Date) Sat (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev. C. W. Perry Sonoma (Address)

Religion of the Deceased .....

Birthplace San Francisco, Caly

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Coronary Thombosis

Contributory Causes Coronary Sclerosis Generalized Arteriosclerosis Hypertension

Certifying Physician Carroll B. Andrews M.D. (or Coroner)

His Address Sonoma Caly

Name of Father Unknown

His Birthplace Unknown

Maiden Name of Mother Unknown

Her Birthplace Unknown

Motor Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery Crematory } Mt. Cemetery Sonoma Caly

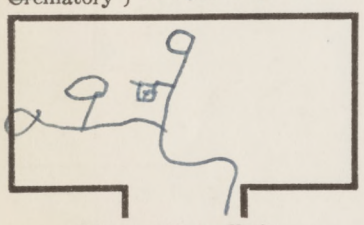


Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$ 200	
Casket		
Burial Vault or Box (State Kind)	15	
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $ 1/2 = 100.00	15.00	
Getting Remains from		
Taking Remains to	115.00	
Trip to Coroner's Inquest	115.00	
Delivering Box to	57.50	
Deliver Flowers to	3.87 5.0	
Removal Charges		
Procuring Burial Permit (State Number and District)	4	—
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	30	—
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Inter Urbune	2 56	
....line Death Notices in ..... Papers (Names of Newspapers) Rev. Perry	5 9	
Sales Tax		
Total Footing of Bill	$ 25	
Less 10% 30 days	$	
Balance	$	

Entered into Ledger, page ..... or below.

Casket No. 5050
Size 6/3 S.7
Covering Steel Eng
Description Lined Rego 352 Hdles

Date		Amount		Count Paid		Balance	
	To Balance Forward	$				$	
	By Payment	$				$	
2-28-44	In full	$ 248.	69	$		$	
	" "	$		$		$	
	" "	$		$		$	
	" "	$		$		$	
	" "	$		$		$	
	" "	$		$		$	

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness ..... Signed .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Feb. 18 1944

Name of Deceased Helen A. West. White

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Sonoma ☐Husband ☐Wife ☐Widow } Alexander

or..... of } Age of Husband or Wife (if living)..... Years

Charge to Mrs. Anna Gordon

Address P.O. Bx 534- Sonoma, Caly

Order given by Jim Gordon + Al West. (or informant)

How Secured

If Veteran, State War none

Occupation Housewife none (Social Security Number)

Employer and Address

Date of Death Feb 18, 1944 (Date) 9:35 P.M. (Hour)

Date of Birth Oct. 23, 1876

Age 67 (Years) 3 (Months) 25 (Days)

Date of Funeral Feb 21 (Date) Mon. (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev. Gerry- Sonoma, Caly (Address)

Religion of the Deceased

Birthplace Glasgow Scotland

Resided in the State 39 years (or U. S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death Cerebro Vascular

Contributory Causes Thrombosis

Bronco Pneumonia

Certifying Physician C. B. Andrews Md (or Coroner)

His Address Sonoma Caly

Name of Father Arthur Steven

His Birthplace Inverness, Scotland

Maiden Name of Mother Margaret McKenzies

Her Birthplace Ichara, Scotland

Motor Ship } Remains to

Size of Casket #5050 Steel Eng. (State Color and Number)

Manufactured by L.F.

Cemetery Crematory } Chapel of the Chimes Santa Rosa

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	200
Casket	125	
Burial Vault or Box (State Kind)	15	15
Embalming Body (Name of Embalmer)	35	
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $	2.50	
Funeral Car, $ Hearse Ambulance, $	15	
Limousines to Cemetery @ $	10	
Extra Limousines Gravemaker	2.50	
Autos to R. R. Station @ $		
Getting Remains from ½ = 24	100.00 15.00	
Taking Remains to	115.00	
Trip to Coroner's Inquest	115.00	
Delivering Box to	57.50	
Deliver Flowers to	2.87.50	
Removal Charges	5.	
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation	45	-
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $	5	
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Indirect	2	56
...line Death Notices in ... Papers		
Monitor, Rev. Perry (Names of Newspapers)	5	00
Sales Tax	2	88
Total Footing of Bill 30 days	$ 270	44
Less 10% Courtesy Service Boys	$ 21	50
Balance	$ 248	94
Entered into Ledger, page ... or below	Certified Certificate	

	Amount Paid	Balance	Date		Amount Paid	Balance
to Anna Gordon		mutual		To Balance Forward		
alance				By Payment		
t to Imperial Life Ins Co				" "		
d certificate 700 - N. Washington Blvd				" "		
"			3-14-44	In full	249.94	
"				" "		
"				" "		

$2 2x

Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed ...

Witness ... Address ...

Compiled by F. J. FEINEMAN, St. Louis, Mo.

236 Car family

RECORD OF FUNERAL

Total No. 7 Yearly No. ..... Date of Entry Feb 23 1944.

Name of Deceased Zaraide Catelani (What Race) white

☐ Married ☐ Single ☑ Widowed ☐ Divorced

Residence Napa St West Sonoma, Calif. ☐Husband ☐Wife ☐Widow of Ottavio Catelani

Charge to Mrs. Concetta Manganini Age of Husband or Wife (if living) ..... Years

Address R.F.D. Bx 202 Sonoma

Order given by ..... (or informant)

How Secured .....

If Veteran, State War None

Occupation At Home None (Social Security Number)

Employer and Address .....

Date of Death Feb 23 1944 (Date) 7 A.M. (Hour)

Date of Birth May 17 1859

Age 85 (Years) 9 (Months) 6 (Days)

Date of Funeral Feb 26 1944 (Date) Sat. (Day of Week) 10 A.M. (Hour)

Services at St. Francis & hunch

Clergyman priest Sonoma (Address)

Religion of the Deceased .....

Birthplace Italy

Resided in the State ..... (or U. S. or City or County) 21 (Years) (Months)

Place of Death Home

Cause of Death Myocardial failure

Contributory Causes .....

Arteriosclerosis

Certifying Physician A. K. McGrath MD (or Coroner)

His Address Sonoma Calif.

Name of Father Luigi Agostini

His Birthplace Italy

Maiden Name of Mother Zelinda Guasti

Her Birthplace Italy

Motor / Ship } Remains to .....

Size of Casket 5910 (State Color and Number)

Manufactured by .....

Cemetery / Crematory } Calvary Cem. Santa Rosa

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner 3/6/44 Statement

Complete Funeral (except outlays)	$	330 -
Casket		
Burial Vault or Box (State Kind)		15 -
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $ 1/2 =		165.00
Autos to R. R. Station ..... @ $		15.00
Getting Remains from M		180.00
Taking Remains to		180.00
Trip to Coroner's Inquest		90.00
Delivering Box to		45.00
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		20 -
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Mass		15.00
Dam + Rep		2.00
....line Death Notices in ..... Papers		
Sonoma Tribune (Names of Newspapers)		2.56
Santa Rosa Press		5.00
		4.50
Sales Tax		
Total Footing of Bill	$	394.06
Less 1% 30 days	$	17.25
Balance	$	376.81

Entered into Ledger, page ..... or below.

SERIAL No. 189

CASKET No. 5910 **Size** 6/3

COVERING Shade #975 Silver & Gold Cascade.

DESCRIPTION ~~Def~~ C C Co. Interior white over flesh with drapes of #1347 flesh
1 Set #880 Gold Enamel & Goldtone Ext. handles put on

Return This Label for Duplicate

Date		Amount Paid	Balance
	To Balance Forward		$
	On Payment (Mar 7 '44 in full)		$
	" "	$	$
	" "	$ 376 81	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

3-2

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Feb 24 1944

Name of Deceased Mary Catherine Murdock white

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 510 E. Napa St Sonoma ☐Husband ☐Wife ☐Widow of ..... Leo R. Murdock 54

Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Constance Gallo

Address Miss Louise Martin-Annex

Order given by Leo R. Murdock Eldridge (or informant)

How Secured —

If Veteran, State War None

Occupation Housewife 549-22-6502 (Social Security Number)

Employer and Address —

Date of Death Feb 24, 1944 (Date) 5:33 PM (Hour)

Date of Birth Jan. 14, 1897

Age 47 (Years) 1 (Months) 10 (Days)

Date of Funeral Feb 28 (Date) Monday (Day of Week) 1.0.A.M. (Hour)

Services at Chapel

Clergyman Lacey at Chapel Sonoma (Address)

Religion of the Deceased Catholic

Birthplace Pennsylvania

Resided in the State 27- (or U. S. or City or County) (Years) (Months)

Place of Death San Francisco

Cause of Death Old Coronary Occlusion

Contributory Causes Myocardial fibrosis and Acute failure

Certifying Physician John L. Kingston (or Coroner)

His Address Coroners Office S.F.

Name of Father Frank Kohl

His Birthplace Austria

Maiden Name of Mother Lucy Lust

Her Birthplace Hungary

Motor / Ship } Remains to

Size of Casket

Manufactured by S.F. (State Color and Number)

Cemetery / ~~Crematory~~ } Mt. Cemetery Sonoma

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	330 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress 45 7 x 36 (State Kind and Color)		14 86
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $ 1/2 = 165.00		
Autos to R. R. Station ..... @ $ 15.00 14.50		
Getting Remains from Ross		19450
Taking Remains to		19450
Trip to Coroner's Inquest		9725
Delivering Box to		48625
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit S.F. (State Number and District)		1 —
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 2 Posts		2 —
Cremation Cemetery permit		1
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		30 —
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service St. Francis Church no chg		—
....line Death Notices in Tribune Papers		2 56
..... Journal Pd by Conroy (Names of Newspapers)		
Sales Tax		4 30
Total Footing of Bill	$	400 92
Less 1.8°° 30 days	$	
Balance	$	

Entered into Ledger, page ..... or below.

3/6/44 Statement to C Gallo

Date		Amount Paid	Balance
	To Balance Forward		$
Mar 21, 44	By Payment Casket Comm Gallo	133 —	$
" 30, 44	" Les Murdock	$ 25 —	$
April 3, 44	" Louise Martin	$ 133	$
" 22, 44	" Leo Murdock	$ 25	$
May 26-44	" " "	$ 25 —	$
June 28-44	" " "	$ 15	$
Aug 8-44	" " "	$ 15	$
Sept 8-44	" " "	15 —	
Nov. 29, 44	Insurance Companies	10 5	
Jan 10, 45			

Casket No. 9389 Urn swells

Size 6/3

S.F.

Covering 72

Description Acorn of LT. Oak St. nwyx 444 -3x0 Gold

Insurance $ ..... Lodges .....

3-22-44 Statement to Mrs. Murdock Louise

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Bill for 14 — balance mailed 11/6/44

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No.............. Yearly No.............. Date of Entry *March 2* 1944.

Name of Deceased *Mike Granoures* *White* (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence *Rt. 1. Bx 341 Sonoma* ☐Husband ☐Wife ☐Widow or .... of .... Age of Husband or Wife (if living).......... Years

Charge to *Estate*

Address..............................

Order given by.............................. (or informant)

How Secured..............................

If Veteran, State War *none*

Occupation *Retired Bar Keeper* *none* (Social Security Number)

Employer and Address..............................

Date of Death *March 2. 1944* (Date) *3 P.m.* (Hour)

Date of Birth *Unknown*

Age *About 64*

Date of F...

Services a...

Clergyma...

Religion o...

Birthplace...

Resided in...

Place of I...

Cause of ...

Contribut...

Coro...

Certifying...

His Addr...

Name of...

His Birth...

Maiden N...

Her Birth...

Motor Ship } R...

Size of C...

Manufac...

Cemetery Crematory...

Complete Funeral (except outlays)	$	
Casket		
Burial Vault or Box (State Kind)		
Embalming Body *Norton* (Name of Embalmer)	*35*	*—*
Barber, $.......... Hair Dressing, $..........		
Dressing Body, $.......... Underwear, $..........		
Suit or Dress (State Kind and Color)		
Slippers, $.......... Hose, $..........		
Folding Chairs, $.......... Tarpaulin, $..........		
Candelabrum, $.......... Candles, $..........		
Door Spray, $.......... Gloves, $..........		
Funeral Car, $.......... Ambulance, $..........		
	$	
	$ *35*	*—*
	$	
	$	

Bates and Evans
Funeral Directors
SONOMA, CALIFORNIA
TELEPHONE 43

Received April 4, 44 of above named firm one watch & chain, property of Mike Granoures (deceased). I also leave trunk in care of said firm after having examined contents of same and admit there is nothing of value in same.

Tom. J. Granoures

Date	Paid	Balance
	—	$
		$
		$
		$
		$
		$
		$
		$

Insurance $.............. Names of Lodges.............. Insurance Companies..............

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.............. (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.............. days from date. Interest to accrue from maturity at the rate of.......... % per annum.

Signed..............................

Witness.............................. Address..............................

RECORD OF FUNERAL

Total No. .... Yearly No. .... Date of Entry March 2 1944

Name of Deceased Claude E. Coffman — White (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 5th St West Sonoma — ☐ Husband ☐ Wife ☐ Widow } Ida E. — 73 (Age of Husband or Wife (if living) Years)

Charge to Mrs Ida E. Coffman c/o

Address c/o Chas. N. Burgess. 315 Kensington way: S.F.

Order given by Chas. N. Burgess (or informant)

How Secured

If Veteran, State War World War #1

Occupation printer, Retired — none (Social Security Number)

Employer and Address

Date of Death March 2. 1944 (Date) 8 P.M. (Hour)

Date of Birth Unknown

Age About 59 (Years) (Months) (Days)

Date of Funeral Mar. 6, 1944 (Date) monday (Day of Week) 1:30 P.M. (Hour)

Services at National Cemetery San Mateo Co.

Clergyman (Address)

Religion of the Deceased

Birthplace West Virginia

Resided in the State (or U. S. or City or County) 24 (Years) (Months)

Place of Death Home

Cause of Death Coronary Arteriosclerosis

Contributory Causes

~~Certifying Physician~~ Coroner Vernon Silvershield (or Coroner)

His Address Santa Rosa, Calif

Name of Father Unknown

His Birthplace Clarksburg West Virginia

Maiden Name of Mother Unknown

Her Birthplace Clarksburg West Virginia

Motor / Ship } Remains to National Cem. San Mateo Co.

Size of Casket (State Color and Number)

Manufactured by

Cemetery / ~~Crematory~~ } National Cem. San Mateo Co.

Diagram of Lot or Vault

Lot No. .... Grave No. .... Section No. .... Block No. .... Owner ....

Item	$	
Complete Funeral (except outlays) No. Vets	100	—
Casket 35.00		
Burial Vault or Box — Box (State Kind) 15.00		
Embalming Body — Emb. (Name of Embalmer) 20		
Barber, $ ... Hair Dressing, $ — Hearse to S.F. 25 / 100		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $ — Casket 35.00		
Door Spray, $ ... Gloves, $ — Box 15.00		
Funeral Car, $ ... Ambulance, $ — 50.00 / 50.00		
Limousines to Cemetery @ $ — 25.00		
Extra Limousines @ $ — 1.25		
Autos to R. R. Station @ $		
Getting Remains from — ~~50.00~~		
Taking Remains to — Box ~~15.00~~		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
....line Death Notices in ...... Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill $	100	—
Less $		
Balance $		
Entered into Ledger, page ...... or below.		

Took cert. Certificate statement & dischg to A.R.F. Mar 18, 44

Mailed Vets claim & statement for signature May 11, 44 to widow.

May 17, 44 Left above papers with A.R.F. to mail to Vets.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance				To Balance Forward		$
	By Payment				By Payment	$	$
	" "	$			" "	$	$
	" "	$			" "	$	$
	" "	$			" "	$ 100 —	$
	" "	$		11/17/44	" "	$	$
	" "	$			" "	$	$
	" "	$			" "	$	$

[signature]

Insurance $ .... Names of Lodges .... Insurance Companies ....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .... days from date. Interest to accrue from maturity at the rate of .... % per annum.

Signed ....

Witness .... Address ....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

238

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry ...March 2.....1944.

Name of Deceased ...Mike Ganouris... White
(What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence ...Rt. 1 Bx. 341 Sonoma... ☐Husband ☐Wife ☐Widow or ..... of } .....
Age of Husband or Wife (if living) ..... Years

Charge to ...Estate...

Address .....

Order given by ..... (or informant)

How Secured .....

If Veteran, State War ...None...

Occupation ...Retired Bar Keeper... None
(Social Security Number)

Employer and Address .....

Date of Death ...March 2, 1944... 3 P.m.
(Date) (Hour)

Date of Birth ...Unknown...

Age ...about 64...
...onths) (Days)

...M.
...ay of Week) (Hour)

...
(Address)
...

...35...
...City or County) (Years) (Months)

...above...

...sclerotic...

...t disease...

...

...Silverfield...
...(or Coroner)

...sa, Calif...

...own...

...e...

...nknown...

...ee...

...

...

...e Color and Number)

...neral Director...

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays) ..... $	
Casket	
Burial Vault or Box	
Embalming Body ...None... (State Kind) (Name of Embalmer)	35 —
Barber, $..... Hair Dressing, $.....	
Dressing Body, $..... Underwear, $.....	
Suit or Dress ..... (State Kind and Color)	
Slippers, $..... Hose, $.....	
Folding Chairs, $..... Tarpaulin, $.....	
Candelabrum, $..... Candles, $.....	
Door Spray, $..... Gloves, $.....	
Funeral Car, $..... Ambulance, $.....	
Limousines to Cemetery ..... @ $.....	
Extra Limousines ..... @ $.....	
Autos to R. R. Station ..... @ $.....	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit ..... (State Number and District)	
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)	
Pall Bearer Service, $.... Use of Chapel, $.....	
Gross Total for Sales Tax ..... $	
Outlay for Lot	
Cremation	
Flowers, $..... Palms, $..... Matting, $.....	
Rental of Tent, $.... of Temporary Vault, $.....	
Opening of Grave or Tomb	
Lining Grave, $..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $..... Singers, $.... Organist, $.....	
Railroad or Motor } Tickets, $..... Aero-plane Service, $.....	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service	
.....	
....line Death Notices in .....Papers	
..... (Names of Newspapers)	
.....	
Sales Tax	
Total Footing of Bill ..... $	35 —
Less ..... $	
Balance ..... $	
Entered into Ledger, page .....or below.	

	Amount Paid	Balance	Date		Amount Paid	Balance
.....	.....	$		To Balance Forward	.....	$ .....
.....	$	$	Mar. 10 44	By Payment Paid in full	$ 35 —	$ .....
.....	$	$		" "	$	$ .....
.....	$	$		" "	$	$ .....
.....	$	$		" "	$	$ .....
.....	$	$		" "	$	$ .....
.....	$	$		" "	$	$ .....
.....	" "	$		" "	$	$ .....

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No.......... Yearly No.......... Date of Entry March 2 1944

Name of Deceased Claude E. Coffman White (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 5th St West Sonoma ☐Husband ☐Wife ☐Widow } Ida E. 73 Years

or.......... of Age of Husband or Wife (if living)

Charge to Mrs Ida E. Coffman c/o

Address c/o Chas. N. Burgess 315 Kensington way S.F.

Order given by Chs N. Burgess (or informant)

How Secured

If Veteran, State War World War #I

Occupation printer, Retired none (Social Security Number)

Employer and Address

Date of Death March 2. 1944 (Date) 8 P.M. (Hour)

Date of Birth Unknown

Age About 59 (Years) (Months) (Days)

Date of Funeral Mar. 6, 1944 (Date) monday (Day of Week) 1:30 P.M. (Hour)

Services at National Cemetery San Mateo Co.

Clergyman (Address)

Religion of the Deceased

Birthplace West Virginia

Resided in the State 24 (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Coronary Arteriosclerosis

Contributory Causes

~~Certifying Physician~~ Coroner Vernon Silvershield (or Coroner)

His Address Santa Rosa, Calif.

Name of Father Unknown

His Birthplace Clarksburg West Virginia

Maiden Name of Mother Unknown

Her Birthplace Clarksburg West Virginia

Motor / Ship } Remains to National Cem. San Mateo Co.

Size of Casket (State Color and Number)

Manufactured by

Cemetery / ~~Crematory~~ } National Cem. San Mateo Co.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) No. 9 a/c	$ 100	—
Casket 35.00		
Burial Vault or Box Box 15.00 (State Kind)		
Embalming Body Emb. 20 (Name of Embalmer)		
Barber, $ Hearse to ST Hair Dressing, $ 25 / 100		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $ Casket 35.00		
Door Spray, $ Gloves, $ Bx 15.00		
Funeral Car, $ Ambulance, $ 50.00 / 50.00		
Limousines to Cemetery @ $ 25.00		
Extra Limousines @ $ 1.25		
Autos to R. R. Station @ $		
Getting Remains from ~~1/2 50.00~~		
Taking Remains to ~~Bx 15.00~~		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ Singers, $ Organist, $		
Railroad or Motor } Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
....line Death Notices in ......Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill $	100	—
Less $		
Balance $		
Entered into Ledger, page ......or below.		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Took cert. Certificate statement & discharge to A.R.T. Mar 18, 44	To Above Balance		$		To Balance Forward		$
Mailed Vets claim & statement for signature	By Payment		$		By Payment	$	$
May 11, 44 to widow.			$			$	$
May 17, 44 Left above papers with A.R.T. to mail to Vets.			$			$	$
	" "		$		"	$ 100 —	$
	" "		$	11/17/44	" [signature]	$	$
	" "		$		"	$	$
	" "		$		"	$	$

Insurance $.......... Names of Lodges.......... Insurance Companies..........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.......... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..........days from date. Interest to accrue from maturity at the rate of..........% per annum.

Signed..........

Witness.......... Address..........

240

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry March 5 1944

Name of Deceased John W. Fensar White
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence..... ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living)..... Years

Charge to Frank Fensar

Address Sonoma, Caly

Order given by..... (or informant)

How Secured.....

If Veteran, State War None

Occupation None None (Social Security Number)

Employer and Address.....

Date of Death March 5, 1944 (Date) (Hour)

Date of Birth March 5, 1944

Age Stillborn (Years) (Months) (Days)

Date of Funeral March 6 Monday 2 P.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Father Lacey Sonoma (Address)

Religion of the Deceased Catholic

Birthplace Napa, Caly

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Victory Hospital Napa

Cause of Death Stillborn - Strangulated Cord

Contributory Causes Toxemia Anasarca Pyelonephritis - 1 mo.

Certifying Physician C. B. Andrews M.D. (or Coroner)

His Address Sonoma Caly

Name of Father Frank Joseph Fensar

His Birthplace Diamond Valley Wyo.

Maiden Name of Mother Agnes Louise Vosatti

Her Birthplace Placerville Caly

Motor / Ship } Remains to.....

Size of Casket 2/0 #14 White Lamb (State Color and Number)

Manufactured by 8.7

Cemetery / Crematory } Catholic Cem. Sonoma.

Diagram of Lot or Vault

Lot No.....
Grave No.....
Section No.....
Block No.....
Owner.....

Complete Funeral (except outlays)	$ 12	50
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $ 1/2 = 6.25	6.25	
Getting Remains from	3.13	
Taking Remains to	1563	
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit Napa (State Number and District)		50
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot single grave	5	—
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb	7	00
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		16
Total Footing of Bill	$ 25	16
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
3/7/44	To Balance Forward		$
	By Payment in full	$ 25 16	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 9 Yearly No. ..... Date of Entry March 9 1944

Name of Deceased Erika T. Nielsen White

☐ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence Oak St. El Verano Calif. ☐Husband ☐Wife ☐Widow } Einar Nielsen ?

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Linda Kaufhold

Address 520 Vicente St. San Francisco

Order given by herself (or informant)

How Secured

If Veteran, State War None

Occupation At Home none (Social Security Number)

Employer and Address

Date of Death Found March 9 (Date) 6 P.M. (Hour)

Date of Birth Unknown

Age about 67 (Years) (Months) (Days)

Date of Funeral March 11 Sat. (Date) (Day of Week) (Hour) M.

Services at Anderson Funeral Home S.F.

Clergyman (Address)

Religion of the Deceased

Birthplace Finland

Resided in the State 39 yrs. (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Hypertensive Heart

Contributory Causes Disease

Certifying Physician Coroner Verne Schoenfeld (or Coroner)

His Address Santa Rosa Calif.

Name of Father Carl Anderson

His Birthplace Finland

Maiden Name of Mother Margaret Johnson

Her Birthplace Finland

Motor Ship } Remains to S.F.

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Cypress Lawn San Mateo Calif

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	320 -
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $ 1/2 =	160.00	
Autos to R. R. Station ..... @ $	160.00	
Getting Remains from Mtn	80.00	
Taking Remains to	40.000	
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.... line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		4 00
Total Footing of Bill	$	324 -
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Casket No. 9388 9
Size 6/3

Covering 72

Description Acorn of LT. Orange Stanwyx 437-3xO Gold Hdls

Urn swells

Balance	Date		Amount Paid	Balance
	May 22.44	To Balance Forward	324 -	$
		By Payment	$	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$

Mar. 26. 44 Statement to Mrs Florence L. Summer 2430 - 16th ave. S. F.

Insurance $ At her own request Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to Filed Superior Court Claim $118.44 with (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of 4 % per annum.

att: R. L. Husted: 2595 - Mission at 22nd St.

Signed

Witness Address S.F. June 10

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Mar 12 1944

Name of Deceased Rudy Joseph Begley (What Race) M

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence Near Verano Station ☐Husband ☐Wife ☐Widow } Single
or..... of } Age of Husband or Wife (if living).....Years

Charge to.....

Address.....

Order given by..... (or informant)

How Secured.....

If Veteran, State War.....

Occupation..... (Social Security Number)

Employer and Address.....

Date of Death Mar 12 44 (Date) 2 P.M. (Hour)

Date of Birth Dec 8 43

Age 0 (Years) 3 (Months) 4 (Days)

Date of Funeral 3/14/44 (Date) Tues (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev Perry (Address)

Religion of the Deceased.....

Birthplace Sonoma Cal

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Near Verano Station

Cause of Death Acute septicemia

Contributory Causes Upper Respiratory Infection

Certifying Physician V. Silverschiold (or Coroner)

His Address Santa Rosa

Name of Father Harley F Begley

His Birthplace Eldon Missouri

Maiden Name of Mother Ines Wanger

Her Birthplace Virgil Oklahoma

Motor / Ship } Remains to.....

Size of Casket 2/0 #14 Mfg Embalmers (State, Color and Number)

Manufactured by S.F.C.C.

Cemetery / Crematory } Mt Sonoma

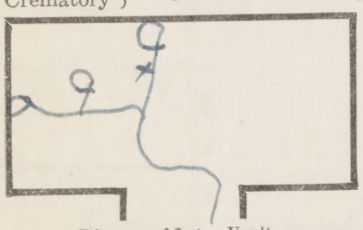

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 25 —	
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $.....Hair Dressing, $		
Dressing Body, $.....Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $.....Hose, $		
Folding Chairs, $.....Tarpaulin, $		
Candelabrum, $.....Candles, $		
Door Spray, $.....Gloves, $		
Funeral Car, $.....Ambulance, $		
Limousines to Cemetery.....@ $		
Extra Limousines.....@ $		
Autos to R. R. Station.....@ $		
Getting Remains from 1/2 = 12.50		
Taking Remains to 12.50		
Trip to Coroner's Inquest 6.25		
Delivering Box to 31.25		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	6 —	
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $.....Palms, $.....Matting, $		
Rental of Tent, $....of Temporary Vault, $		
Opening of Grave or Tomb	9	
Lining Grave, $.....Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $.....Singers, $....Organist, $		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Singer	5 —	
....line Death Notices in.....Papers (Names of Newspapers)	5 —	
		30
Sales Tax		
Total Footing of Bill	$ 50	30
Less	$	
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	Mar 14 44	By Payment in full	$ 50 —	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry March 16 1944

Name of Deceased Thomas F. Hackett White

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Riverside Drive El Verano Cal ☐ Husband ☐ Wife ☐ Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Mary Talley

Address Above

Order given by

How Secured 500.00 Burial (or Interment) from S.F. City Employment Fund Mrs. Mary Talley Beneficiary

If Veteran, State War None

Occupation Retired Laborer None (Social Security Number)

Employer and Address

Date of Death March 16, 1944 (Date) 3:45 PM (Hour)

Date of Birth Unknown

Age About 62 (Years) (Months) (Days)

Date of Funeral March 20 (Date) Monday (Day of Week) M. (Hour)

Services at Steve Roach Mortuary

Clergyman (Address)

Religion of the Deceased

Birthplace San Francisco Calif

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Myocardial Failure

Contributory Causes Arteriosclerosis

Certifying Physician A. K. McGrath (or Coroner)

His Address Sonoma Calif

Name of Father Jeremiah Hackett

His Birthplace Ireland

Maiden Name of Mother Mary Burke

Her Birthplace Ireland

Motor Ship } Remains to Steve Roach Mortuary

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Holy Cross San Mateo Co.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 275	—
Casket		
Burial Vault or Box None (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ .10 Underwear, $ Hosp		1 50
Suit ~~or Dress~~ 1 X (State Kind and Color)		15 38
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $ 1/2 = 137.50		
Getting Remains from Undertaker 1.50		
Taking Remains to Sent 15.00		
Trip to Coroner's Inquest 15 4 0.0		
Delivering Box to 15 4 00		
Deliver Flowers to 7 4 00		
Removal Charges 2 85 00		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....		
.... line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax	3	44
Total Footing of Bill	$ 29 5	32
Less 13.75 30 days	$ 13	75
Balance	$ 281	57
Amt in Bank of America Paid thus. Entered into Ledger. page ..... or below.	51	47

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
3/27/44	By Payment Statement	$	$		By Payment	$	$
	" "	$	$	4/4/44	" "	$ 230 —	$
	" "	$	$	4/18/44	Jn Full	$ 51 47	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

244

car. 8.13s

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry March 21 1944

Name of Deceased Susie C. Evans (What Race: white)

☐ Married ☐ Single ☒ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Residence Center St. Fetters Springs, Calif.

Charge to Mrs. Allen Imrie

Address 2054 Main St. Napa, Calif

Order given by ..... (or informant)

How Secured .....

If Veteran, State War none

Occupation At Home (Social Security Number: none)

Employer and Address .....

Date of Death March 27, 1944 (Date) found 8:30 A.M. (Hour)

Date of Birth Sept. 26, 1853

Age 90 (Years) 6 (Months) 1 (Days)

Date of Funeral March 29 (Date) Wed. (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev. Perry Sonoma (Address)

Religion of the Deceased .....

Birthplace Needham, Mass.

Resided in the State 80 years (or U. S. / or City or County) (Years) (Months)

Place of Death Perkins Res. Mt. ave. Fetters Springs

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Coroner Vernon Silvershield (or Coroner)

His Address Santa Rosa, Calif.

Name of Father Alfred Galbaith

His Birthplace Needham, Mass.

Maiden Name of Mother Unknown

Her Birthplace Unknown

Motor / Ship } Remains to Napa, Calif.

Size of Casket #9389 Holy Cloth Coo. 220 (State Color and Number)

Manufactured by S.F.

Cemetery / Crematory } Tulocay Cem. Napa, Calif.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$ 295	
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $ 1/2 = 147.50		
Autos to R. R. Station ..... @ $ 15.00		
Getting Remains from M. 162.50		
Taking Remains to 162.50		
Trip to Coroner's Inquest 81.25		
Delivering Box to 406.25		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	30	-
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Rev. Perry	5	00
....line Death Notices in ..... Papers		
Index Tribune (Names of Newspapers)	2	56
Sales Tax	4	06
Total Footing of Bill	$ 351	62
Less 15% 30 days.	$ 15	50
Balance	$ 336	12

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
4/11/44	Statement To Above Balance		$		To Balance Forward		$
	By Payment	$	$	4/20/44	By Payment	$ 336 12	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry March 19 1944

Name of Deceased Estella Coon Lee (What Race)

☐ Married ☐ Single ☐ Widowed ☒ Divorced

Residence 128 Stanford Santa Rosa Cal ☐ Husband ☐ Wife ☐ Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to .....

Address .....

Order given by ..... (or informant)

How Secured .....

If Veteran, State War None

Occupation Practical Nurse 571-32-3044 (Social Security Number)

Employer and Address Lopez Rest Home S.R.

Date of Death March 19 1944 (Date) 11:20 A.M. (Hour)

Date of Birth Oct 20 1895

Age 48 (Years) 4 (Months) 29 (Days)

Date of Funeral March 21 Tuesday (Date) (Day of Week) 2 P.M. (Hour)

Services at Forestville Cemetery Forestville Cal

Clergyman ..... (Address)

Religion of the Deceased .....

Birthplace Forestville Cal

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death Automobile Accident

Contributory Causes Inquest Pending

.....

Certifying Physician Coroner Vernon Silvernail (or Coroner)

His Address Santa Rosa Cal

Name of Father Patrick Coon

His Birthplace Forestville Cal

Maiden Name of Mother Hanna D. Sell

Her Birthplace Unknown Ohio

Motor / Ship } Remains to Forestville Cal

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery / Crematory } Forestville IOOF

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays) By Undertaker	$	88 09
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 1/2 — 55.00 15.00		
Taking Remains to 1/4 — 70.00		
Trip to Coroner's Inquest 70.00		
Delivering Box to 35.00		
Deliver Flowers to 17.50		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges Cemetery		
Personal Service & equipment		36 91
..... line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		1 56
Total Footing of Bill	$	126 56
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
June 13, 44	To Above Balance Michalakis & Silver		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
Nov 30, 1944	By Payment	$	$
	" "	$	$
	" " Jr Full	126 56	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

car P.B.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry March 27 19.44

Name of Deceased Samuele Sebastiani White

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 4th St. East Sonoma ☐Husband ☐Wife ☐Widow } Elvira

or..... of } Age of Husband or Wife (if living)..... Years

Charge to Mrs. Elvira Sebastiani

Address above

Order given by..... (or informant)

How Secured.....

If Veteran, State War none

Occupation Wine Mfg. none (Social Security Number)

Employer and Address.....

Date of Death March 27, 1944 7:30 P.M. (Date) (Hour)

Date of Birth Jan. 10, 1874

Age 70 (Years) 2 (Months) 17 (Days)

Date of Funeral..... (Date) (Day of Week) (Hour) M.

Services at St. Francis

Clergyman..... (Address)

Religion of the Deceased Catholic

Birthplace Lucca Italy

Resided in the State 53 years (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician A. K. McGrath M.D. (or Coroner)

His Address Sonoma, Cal.

Name of Father Lorenzo Sebastiani

His Birthplace Lucca, Italy

Maiden Name of Mother Sabina Unknown

Her Birthplace Lucca, Italy

Motor Ship } Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by.....

Cemetery Crematory } Catholic Cem. Sonoma, Cal.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	225 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ½ = 1107.50		
Taking Remains to 1107.50		
Trip to Coroner's Inquest 553.75		
Delivering Box to 27.68 75		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $ Sexton Matting, $		
~~Rental of Tent, $~~..... of Temporary Vault, $ 5.00		5 00
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor Tickets, $ Aero- plane Service, $		
~~Solemn Requiem High Mass~~		30 —
Telegr., Phone, Cable or Radio Charges		
Cash Advanced San Francisco Ex		6 51
Out of town Undertaker's Charges		
Personal Service Index Tribune		2 56
Dem & Rep		2 00
....line Death Notices in ..... Papers		
Stockton Record (Names of Newspapers)		3 00
Lodi Sentinel		—
Call Bulletin		6 00
		27 69
Sales Tax		
Total Footing of Bill	$	229 76
Less 110.75 = 30 days	$	110 75
Balance	$	218 01

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance
4/3/44	Statement to August Sebastiani. To Above Balance	$	$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward	$	$
4/24/44	By Payment ~~in~~ full	$ 218 01	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry March 28 1944

Name of Deceased Peter J. Spitzfaden White
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Sunny side Ave Fetters Springs ☐Husband ☐Wife ☐Widow } Emma 75
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Emma Spitzfaden

Address above

Order given by ..... (or informant)

How Secured —

If Veteran, State War None

Occupation Retired painter None (Social Security Number)

Employer and Address

Date of Death March 28 1944 4:30 A.M. (Date) (Hour)

Date of Birth April 9 1875

Age 68 (Years) 11 (Months) 19 (Days)

Date of Funeral March 30 (Date) (Day of Week) (Hour) M.

Services at Chapel of Chimes S.R. (Address)

Clergyman

Religion of the Deceased

Birthplace Germany

Resided in the State 33 years (or U. S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death Myocardial failure

Contributory Causes

Arteriosclerosis

Certifying Physician A. K. McGrath M.D. (or Coroner)

His Address Sonoma Calif.

Name of Father Andreas Spitzfaden

His Birthplace Germany

Maiden Name of Mother Barbara Kopef

Her Birthplace Germany

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Chapel of the Chimes Santa Rosa, Calif.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	235 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ..... ½ =	117.50	
Taking Remains to	117.50	
Trip to Coroner's Inquest	5.875	
Delivering Box to	29.375	
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45 —
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.... line Death Notices in Post Papers		2 56
Examiner 2 times (Names of Newspapers)		9 30
Rev Berry		5 —
Mrs. Grinstead		5 —
Sales Tax		2 93
Total Footing of Bill	$	304 79
Less 1/10 30 days	$	11 75
Balance	$	293 04

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	4-8-44	By Payment	$293 00	$ —
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

248 2nd Flr
Ipost

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 9 1944

Name of Deceased Thomas Francis Egan W.
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rossi's Resort, El Verano ☐Husband ☐Wife ☐Widow } .....
or.....of } Age of Husband or Wife (if living).....Years

Charge to Wm Sweigert

Address 1617-8th Ave. Sacramento, Calif

Order given by " "
(or informant)

How Secured (Discounted)

If Veteran, State War N.E.

Occupation Retired R.R. Man
(Social Security Number)

Employer and Address S.P.R.R. Co.

Date of Death April 9 44 (Date) Found 11:17 M (Hour)

Date of Birth Unknown

Age abt. 70 (Years) (Months) (Days)

Date of Funeral 4-11-44 (Date) Tues (Day of Week) 10:A. M. (Hour)

Services at St. Francis

Clergyman (Address)

Religion of the Deceased

Birthplace San Jose

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Cabin at Rossi's Resort, El Verano

Cause of Death Dissecting Aortic Aneurysm

Contributory Causes Cystic Aortitis

Pulmonary T.B. Healed

Certifying Physician V. Silvershield
(or Coroner)

His Address Santa Rosa

Name of Father Unknown Egan

His Birthplace San Jose, Calif.

Maiden Name of Mother —

Her Birthplace —

Motor / Ship } Remains to

Size of Casket #5050 - Eng. Grey. cvt.
(State Color and Number)

Manufactured by S.F.C.C. Co.

Cemetery / ~~Crematory~~ } Catholic Cem. Sonoma

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 200	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 1/2 — Int. 100.00 15.00		
Taking Remains to 115.00		
Trip to Coroner's Inquest 115.00		
Delivering Box to 57.50		
Deliver Flowers to 2 @ 7.50		
Removal Charges Taf		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot 1 grave Catholic Cem	10	—
Cremation		
Flowers, $ Casket Spray Matting, $	7	—
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	15	—
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Mass	15	—
line Death Notices in Daily Papers	2	56
Phone Sac. 56 - Glendale 2.10 (Names of Newspapers)	2	44
2 certified copies	9	—
	2	88
Sales Tax		
Total Footing of Bill $	272	10
Less $		
Balance $		

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
6/20/44	Statement		
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
April 10, 44	Cash on person By Payment	$ 31 01	$
May 3, 44	American Trust Co	$ 154 72	$
June 29, 44	Sweigert	$ 86 37	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 10 19 44

Name of Deceased Adam Winkle Adler White
(What Race)

☒ Married ☐ Single ☐ Widowed ☒ Divorced

Residence Spain St. Sonoma Caly ☐Husband ☐Wife ☐Widow of Florence Staff 58
Age of Husband or Wife (if living) Years

Charge to Mrs. Irma MacMillan

Address Sunny Hills San Anselmo, Caly

Order given by Above
(or informant)

How Secured

If Veteran, State War None

Occupation Retired Lumber Merchant None
(Social Security Number)

Employer and Address

Date of Death April 10, 1944 2:30 A.M.
(Date) (Hour)

Date of Birth June 12, 1876

Age 67 (Years) 9 (Months) 28 (Days)

Date of Funeral April 12 (Date) Wed (Day of Week) 2 P.M. (Hour)

Services at Home on Spain St.

Clergyman Rev. Herbert Meyer Petaluma
(Address)

Religion of the Deceased

Birthplace Sonoma Caly

Resided in the State Life
(or U. S. or City or County) (Years) (Months)

Place of Death Victory Hospital Napa Caly

Cause of Death Cancer

Contributory Causes Carcinoma of abdominal Viscera

Certifying Physician J. W. Soon M.D.
(or Coroner)

His Address Napa, Caly Gordon Bldg

Name of Father Lewis Adler

His Birthplace Germany

Maiden Name of Mother Martha Winkle

Her Birthplace Germany

Motor / Ship Remains to

Size of Casket 6/6 #46 Shade 64 Cedar Troja
(State Color and Number)

Manufactured by Caly Casket Co.

Cemetery / Crematory Mt. Cemetery Sonoma Caly

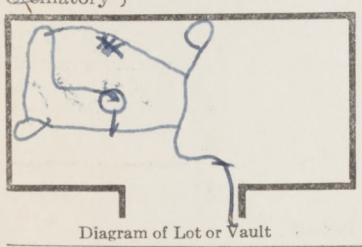


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	310 -
Casket		
Burial Vault or Box (State Kind)		15 -
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ½ = 155.00		
Taking Remains to PH 15.00		
Trip to Coroner's Inquest 170.00		
Delivering Box to 170.00		
Deliver Flowers to 85.00		
Removal Charges Tot 4,250.0		
Procuring Burial Permit (State Number and District)		1 00
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		28 —
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Undert. Tribune		2 50
Dem & Rep.		2 -
....line Death Notices in ..... Papers		
Examiner		4 65
(Names of Newspapers)		
Singer Mrs. Hunstead		5 00
Minister		5 00
Sales Tax		4 25
Total Footing of Bill	$	377 46
Less 16 2/3 30 days	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
Filed: 5/11/44	To Above Balance with A.R.G. to Barnett & McConnell	$	$
	By Payment	$	$
	" "	$	$
9/19/44	By Payment in full	$ 377 46	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward	$	$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

250

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 11 19.44

Name of Deceased Millie C. Reed White
(What Race)

☒ Married ☐ Single ☒ Widowed ☐ Divorced ☐Husband ☐Wife ☐Widow of ..... Williams

Residence Sonoma, Calif. Age of Husband or Wife (if living).....Years

Charge to: Mrs. Robt. Potter Hill

Address Sonoma, Calif.

~~Order given by~~ Son Joan Reed Phone E4.4800
(or informant)

How Secured 19 New Montgomery St.

If Veteran, State War None

Occupation Housewife None
(Social Security Number)

Employer and Address

Date of Death April 11, 1944 3:30 Pm
(Date) (Hour)

Date of Birth April 12, 1860

Age 83 (Years) 11 (Months) 30 (Days)

Date of Funeral April 14 (Date) Friday (Day of Week) 11 A. M. (Hour)

Services at Chapel

Clergyman Rev. ~~Munger~~ Sonoma, Calif.
(Address)

Religion of the Deceased

Birthplace Wisconsin

Resided in the State 5 years
(or U. S. or City or County) (Years) (Months)

Place of Death So. Co. Hospital Santa Rosa

Cause of Death Broncho Pneumonia

Contributory Causes Debility

Senility

Certifying Physician J. Johnson M.D.
(or Coroner)

His Address So. Co. Hospital

Name of Father Wm Medberry

His Birthplace New York State

Maiden Name of Mother Mary Standard

Her Birthplace New York State

Motor / Ship Remains to

Size of Casket 6/3 #13 Steel Grayette
(State Color and Number)

Manufactured by Fr. D. F.

Cemetery / Crematory Mt. Sem. Sonoma, Calif.

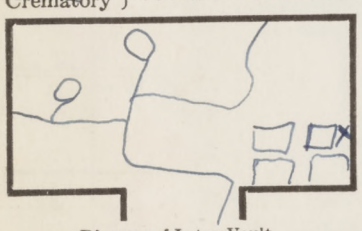


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	145 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		15 —
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ½ 72.50		
Taking Remains to ~~87.50~~ 15.00		
Trip to Coroner's Inquest ~~87.50~~		
Delivering Box to 87.50		
Deliver Flowers to 43.75		
Removal Charges Taj 24.87.5		
Procuring Burial Permit (State Number and District)		6 —
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		32 —
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service ~~Rev Munger~~ Minister Okay		
....line Death Notices in ..... Papers (Names of Newspapers)		
		2 19
Sales Tax		200 19
Total Footing of Bill	$	8 00
Less 8.00	$	
Balance	$	192 19

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance
4/1/44	Statement to Joan Reed		
	To Above Balance	$	$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
4/28/44	By Payment Joan Reed	$ 192 19	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Eldridge

251

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 10 1944

Name of Deceased John Rodriguez Luiz white
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Eldridge, Caliz ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to .....

Address .....

Order given by ..... (or informant)

How Secured .....

If Veteran, State War none

Occupation none none (Social Security Number)

Employer and Address .....

Date of Death April 10, 1944 (Date) 3 A.M. (Hour)

Date of Birth November 13, 1917

Age 26 (Years) 4 (Months) 17 (Days)

Date of Funeral April 15 (Date) Sat. (Day of Week) 10:30 AM. (Hour)

Services at St. Frances

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pico Azores, Portugal

Resided in the State 20 years (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma State Home

Cause of Death Lobar Pneumonia

Contributory Causes Lung Abscess

.....

Coroner
Certifying Physician Vernon Silvershield (or Coroner)

His Address Santa Rosa, Caliz

Name of Father Manuel Luiz

His Birthplace Pico Azores Portugal

Maiden Name of Mother Catherine Garcia

Her Birthplace Pico Azores Portugal

Motor Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery Crematory } Catholic Cem. Sonoma, Caliz

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	65 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ½ = 32.50		
Taking Remains to 32.50		
Trip to Coroner's Inquest 16.25		
Delivering Box to 81.25		
Deliver Flowers to Jul		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 1 grave		5 —
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		15 —
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
mass		15 —
....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		81
Total Footing of Bill	$	100 81
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	April 15-44	" In full	$ 100 81	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

252

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry ..... April 12 1944

Name of Deceased ..... Ditlev Volquardsen ..... White
(What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence ..... R.F.D. Sonoma .....

☐ Husband ☐ Wife ☐ Widow } Johanna
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to ..... Mrs. Gustave Rahm .....

Address ..... Ross, Calif. R.F.D. By 428 .....

Order given by ..... Herself ..... Sonoma .....
(or informant)

How Secured .....

If Veteran, State War ..... none .....

Occupation Retired Well Driller ..... none .....
(Social Security Number)

Employer and Address .....

Date of Death April 12, 1944 (Date) 2:45 PM (Hour)

Date of Birth April 20, 1867 .....

Age 76 (Years) 11 (Months) 12 (Days)

Date of Funeral April 14 (Date) Friday (Day of Week) 2 P.M. (Hour)

Services at Chapel .....

Clergyman ..... Rev. Perry ..... Sonoma .....
(Address)

Religion of the Deceased .....

Birthplace ..... Denmark .....

Resided in the State ..... 60 (Years) ..... (Months)
(or U. S. or City or County)

Place of Death ..... Burndale Hospital .....

Cause of Death ..... Myocardial failure .....

Contributory Causes .....
Myocardial heart disease .....

Certifying Physician ..... A. K. McGrath M.D. .....
(or Coroner)

His Address ..... Sonoma, Calif. .....

Name of Father ..... August Volquardsen .....

His Birthplace ..... Denmark .....

Maiden Name of Mother ..... Helen Damm .....

Her Birthplace ..... Denmark .....

Motor Ship } Remains to .....

Size of Casket ..... #46 Shade 64 Cedar Tioga .....
(State Color and Number)

Manufactured by ..... Calif. Casket Co. .....

Cemetery Crematory } Mt. Cemetery Sonoma .....

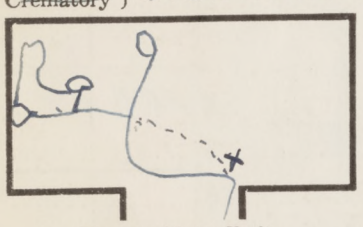


Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$ 310	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Socks + tie (State Kind and Color)	1	50
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from ½ = 155.00		
Taking Remains to Burial = 15.00		
Trip to Coroner's Inquest Petaluma = 1.50		
Delivering Box to 171.50		
Deliver Flowers to 171.50		
Removal Charges 85.75		
Procuring Burial Permit Jaf ✓ 428 75 (State Number and District)	4	—
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	35	00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev. Perry	5	—
Mrs. Grundtzyg	5	—
....line Death Notices in Press Papers	2	56
(Names of Newspapers)		
Sales Tax	4	25
Total Footing of Bill	$ 382	31
Less 16.25	$ 16	25
Balance	$ 366	06

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
May-6-44	By Payment in full	$ 366 06	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 12 19 44

Name of Deceased Anthony Richard Forcier (What Race) White

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Rt. 1 Trinity Rd. Glen Ellen, Calif. ☐Husband ☐Wife ☐Widow or ..... of } Maude E. Age of Husband or Wife (if living) 53 Years

Charge to Mrs. Maude E. Forcier

Address above

Order given by ..... (or informant)

How Secured .....

If Veteran, State War None

Occupation Rancher 552-05-9380 (Social Security Number)

Employer and Address .....

Date of Death April 12. 1944 (Date) 6:25 Pm (Hour)

Date of Birth June 22. 1885

Age 58 (Years) 9 (Months) 20 (Days)

Date of Funeral ..... (Date) ..... (Day of Week) ..... (Hour) M.

Services at .....

Clergyman ..... (Address)

Religion of the Deceased .....

Birthplace Stewart Minnesota

Resided in the State 16 years (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Lobar Pneumonia

Contributory Causes .....

Coroner

Certifying Physician Vernon Silvershield (or Coroner)

His Address Santa Rosa Calif.

Name of Father Anthony Forcier

His Birthplace Canada

Maiden Name of Mother Annice Willemet

Her Birthplace New York State

Motor / Ship } Remains to Hayward Mortuary Hayward, Calif.

Size of Casket 6/3 5655A Doeskin Grey (State Color and Number)

Manufactured by S.F. Casket Co.

Cemetery / Crematory } .....

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	235 -
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 1/2		117.50
Taking Remains to No Box		117.50
Trip to Coroner's Inquest		58.75
Delivering Box to Taf.		$293.75
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		2 94
Total Footing of Bill	$	237 94
Less 11% 30 days Discount	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
5/10/44	To Above Balance Statement		$		To Balance Forward		$
	By Payment	$	$	May 29 44	By Payment Jas Hall	$ 226 —	$
	" "	$	$		Clerk	$ 11 94	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

254

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 10 1944

Name of Deceased Anais Adams (What Race) White

☐ Married ☐ Single ☐ Widowed ☒ Divorced

Residence E. Napa St. Sonoma

☐Husband ☐Wife ☐Widow of Nellie Manchester 72

Charge to Mrs. Lara Mapes

Address Sonoma, Caly

Order given by (or informant)

How Secured

If Veteran, State War None

Occupation Ranch Labarer None (Social Security Number)

Employer and Address

Date of Death May 10 (Date) 1944 2:30 P.M. (Hour)

Date of Birth Jan 23 1866

Age 78 (Years) 3 (Months) 17 (Days)

Date of Funeral May 12 (Date) Friday (Day of Week) 2 P.M. (Hour)

Services at C. Chapel

Clergyman C. W. Perry Sonoma (Address)

Religion of the Deceased

Birthplace Manchester, Caly

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death Carcinoma of Stomach

Contributory Causes

Certifying Physician C. B. Andrews M.D. (or Coroner)

His Address Sonoma Caly

Name of Father Franklin Adams

His Birthplace Michigan

Maiden Name of Mother Unknown

Her Birthplace Missouri

Motor / Ship Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory Mt. Cem. Sonoma, Caly

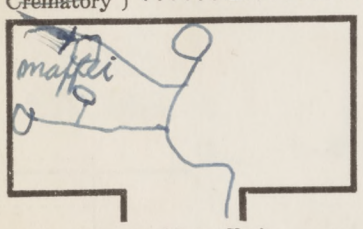


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	355 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... 1½ @ $ 177.50		
Getting Remains from ... 1½ = 15.00		
Taking Remains to ... 1½ 19.2.50		
Trip to Coroner's Inquest ... 19.2.50		
Delivering Box to ... 9.6.25		
Deliver Flowers to ... $ 481.25		
Removal Charges		
Procuring Burial Permit (State Number and District)		1 00
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		30 —
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / Motor Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Rev. Perry		5 00
...line Death Notices in ... Papers		
Posted Index Tribune (Names of Newspapers)		2 56
J.J. paper		4 00
Sales Tax		4. 44
Total Footing of Bill	$	414 00
Less 18 50	$	18 50
Balance	$	395 50
Entered into Ledger, page ... or below.		

Casket No. 9585-A- HP
Size 6/3
Covering Tan Brd.cloth
Description Atlas Panel & Slate Pillow
Lined Satin back Crepe (Eggsh
Victorian-6x0-Gold Hdls
5/19/44 Statement

Date		Amount Paid	Balance
	To Balance Forward		$
May 29 44	By Payment Full	395 50	$
	" "		$
	" "		$
	" "		$
	" "		$
	" "		$

Insurance $ ... Names of Lodges ... Insurance Companies ...

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed ...

Witness ... Address ...

Compiled by F. J. FEINEMAN, St. Louis, Mo.

255

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 31 1944

Name of Deceased Louis Basaglia (What Race) white

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence Sonoma, Calif ☐ Husband ☐ Wife ☐ Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Pete Basaglia

Address.....

Order given by..... (or informant)

How Secured.....

If Veteran, State War None

Occupation Bridge Builder & Gardener (Social Security Number)

Employer and Address.....

Date of Death May 31, 1944 (Date) 5:15 a.m. (Hour)

Date of Birth Nov. 21, 1888

Age 55 (Years) 6 (Months) 10 (Days)

Date of Funeral June 3 (Date) Sat. (Day of Week) 11 A. M. (Hour)

Services at St. Francis (Address)

Clergyman.....

Religion of the Deceased Catholic

Birthplace Italy

Resided in the State 53 years (or U. S. or City or County) (Years) (Months)

Place of Death So. Co. Hospital

Cause of Death Cancer of Lung

Contributory Causes.....

.....

Certifying Physician Harding Clegg M.D. (or Coroner)

His Address So. Co. Hospital

Name of Father Louis Basaglia

His Birthplace Italy

Maiden Name of Mother Agata Saltrondere

Her Birthplace Italy

Motor Ship } Remains to .....

Size of Casket #U 820 Sil. Hammertone (Solwood) hinged cap (State Color and Number)

Manufactured by.....

Cemetery Crematory } Mt. Cemetery Sonoma Calif

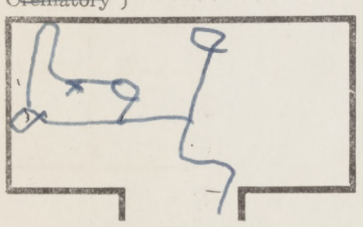


Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays) ..... $	434	-
Casket.....		
Burial Vault or Box ..... (State Kind)	15	-
Embalming Body ..... (Name of Embalmer)		
Barber, $..... Hair Dressing, $.....		
Dressing Body, $..... Underwear, $.....		
Suit or Dress..... (State Kind and Color)		
Slippers, $..... Hose, $.....		
Folding Chairs, $..... Tarpaulin, $.....		
Candelabrum, $..... Candles, $.....		
Door Spray, $..... Gloves, $.....		
Funeral Car, $..... Ambulance, $.....		
Limousines to Cemetery ..... @ $.....		
Extra Limousines ..... @ $ 1/2 = 21.00		
Autos to R. R. Station ..... @ $ 4 = 15.00		
Getting Remains from 23.20.0		
Taking Remains to 23.2.00		
Trip to Coroner's Inquest 11.6.00		
Delivering Box to ..... Taf 5.80.00		
Deliver Flowers to		
Removal Charges.....		
Procuring Burial Permit..... (State Number and District)	1	-
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's		
Pall Bearer Service, $..... Use of Chapel, $.....		
Gross Total for Sales Tax..... $		
Outlay for Lot.....		
Cremation.....		
Flowers, $..... Palms, $..... Matting, $.....		
Rental of Tent, $..... of Temporary Vault, $.....		
Opening of Grave or Tomb.....	28	-
Lining Grave, $..... Lowering Device, $.....		
Outlay for Shipping Charges.....		
Clergyman, $..... Singers, $..... Organist, $.....		
Railroad or Motor } Tickets, $..... Aeroplane Service, $.....		
Telegr., Phone, Cable or Radio Charges.....		
Cash Advanced.....		
Out of town Undertaker's Charges.....		
Personal Service..... Mass	15	00
....line Death Notices in..... Indep. Tribune	2	56
(Names of Newspapers)		
Sales Tax	5	43
Total Footing of Bill..... $	500	99
Less 22.43 30 days..... $		
Recd 22.36. Balance..... $		

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance
June 12.	To Above Balance Pete Basaglia	$	$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
5/31/44	To Balance Forward Mrs A Pera.	155 -	$
6/29/44	By Payment Emma Basaglia	$ 323.54	$
	Recd	$ 22.36	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

256

RECORD OF FUNERAL

Total No..... Yearly No.....

Date of Entry June 2 1944

Name of Deceased Charles Weise — White (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence Glen Ellen

☐ Husband ☐ Wife ☒ Widow } of Grace

or..... of } Age of Husband or Wife (if living).....Years

Charge to Shirley Weise

Address Glen Ellen

Order given by " "

(or Informant)

How Secured Home at Glen Ellen Left by Shirley + Mrs Ritzman

If Veteran, State War.....

Occupation Retired Farmer

(Social Security Number)

Employer and Address.....

Date of Death June 2, 44 (Date) 3:40 P.M. (Hour)

Date of Birth Oct 22, 1863

Age 80 (Years) 7 (Months) 11 (Days)

Date of Funeral 6/5/44 (Date) Mon (Day of Week) 2:P. (Hour) M.

Services at Chapel

Clergyman Rev. Perry (Address)

Religion of the Deceased Prot.

Birthplace Glen Ellen

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co. Hospital

Cause of Death Pulmonary

Contributory Causes Tuberculosis

.....

Certifying Physician.....

His Address Sonoma Co. Hospital (or Coroner)

Name of Father Christian Weise

His Birthplace Germany

Maiden Name of Mother Sarah McKinley

Her Birthplace Ireland

Motor Ship } Remains to.....

Size of Casket 6/3 #5050 Steel English (State Color and Number)

Manufactured by S. F. Casket Co.

Cemetery Crematory } Mt. Cemetery

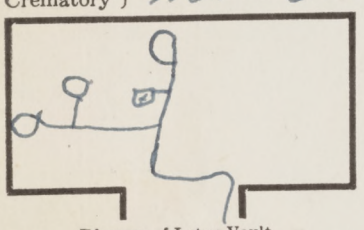


Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	200 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $ 1/2 = 100.00		
Autos to R. R. Station ..... @ $ 15.00		
Getting Remains from	115.00	
Taking Remains to	115.00	
Trip to Coroner's Inquest	57.50	
Delivering Box to	287.50	
Deliver Flowers to		
Removal Charges		—
Procuring Burial Permit (State Number and District)	4	
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb	30 —	
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
...Cresc Index Tribune	25.6	
...line Death Notices in ...Papers		
...Sun Press (Names of Newspapers)	5 —	
Sales Tax	2	88
Total Footing of Bill	$ 259	44
Less 10% 30 days	$ 10	75 —
Balance	$ 248	69

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance
6/3/44	Mailed To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
June 17 44	By Payment	$ 248 69	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

257

Total No..... Yearly No..... Date of Entry June 5 19 44

Name of Deceased Ernest L. Brent White
(What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Box 61 Eldridge Cal. ☐Husband ☐Wife ☐Widow } Margaret 50
or.....of } Age of Husband or Wife (if living).....Years

Charge to Mrs. Margaret Brent

Address Bx 61 Eldridge Cal.

Order given by.....
(or informant)

Complete Funeral (except outlays)	$ 500	-
Casket		
Burial Vault or Box	15	-

TELEPHONE 43

Bates and Evans
Funeral Directors
SONOMA, CALIFORNIA

June 5, 1944

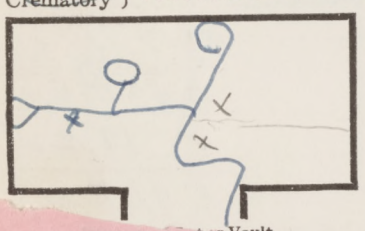
I hereby authorize Dr. C. B. Andrews to perform an autopsy on the remains of my husband (Ernest L. Brent)

signed Margaret Brent Wylie

Size of Casket.....
(State Color and Number)

Manufactured by Cal. Basket Co.

Cemetery / Crematory Mt. Cemetery Sonoma Cal.



Lot No.....

Grave No.....

Section No.....

Block No.....

Vault

Owner.....

Index Tribune	2	50
....line Death Notices in.....Papers		
Democrat & Rep-	2	00
(Names of Newspapers)		
Singer - J. W. Pettke	2	50
Organist - Mrs. Ostrum	2	50
	6	63
Sales Tax		
Total Footing of Bill	$ 577	19
Less (30 days) 25%	$ 25	75
Balance	$ 551	44

Entered into Ledger, page.....or below.

SERIAL No. 824

CASKET No. 208-W **Size** 6/6

COVERING Walnut finish

DESCRIPTION Hinged cap #1390-A Rosetan rayon crepe made special column
Pillow set #1390-A Square #3 crush
1 Set #4990 Colonial Brz. 3x0 Ext. handles
Trim complete.

Amount Paid	Balance	Date		Amount Paid	Balance
		June 12 44	To Balance Forward		
			By Payment in full	550 —	
			" "		
			" "		
			" "		
			" "		
			" "		
			" "		

Insurance Companies.....

.....I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

....., and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Witness..... Signed.....

Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

256

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 2 1944

Name of Deceased Charles Weise (What Race) White

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence Glen Ellen ☐Husband ☐Wife ☒Widow } of Grace

Charge to Shirley Weise or..... of } Age of Husband or Wife (if living).....Years

Address Glen Ellen

Order given by "

(or Informant)

How Secured Home at Glen Ellen Left to Shirley + Mrs Fitzmaurice

If Veteran, State War

Occupation Retired Farmer (Social Security Number)

Employer and Address

Date of Death June 2, 44 (Date) 3:40 P.M. (Hour)

Date of Birth Oct 22, 1863

Age 80 (Years) 7 (Months) 11 (Days)

Date of Funeral 6/5/44 (Date) Mon (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev Perry (Address)

Religion of the Deceased Prot

Birthplace Glen Ellen

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co. Hospital

Cause of Death Pulmonary

Contributory Causes Tuberculosis

Certifying Physician (or Coroner)

His Address Sonoma Co. Hospital

Name of Father Christian Weise

His Birthplace Germany

Maiden Name of Mother Sarah McKinley

Her Birthplace Ireland

Motor Ship } Remains to

Size of Casket 6/3 #5050 (State Color and Number) Steel English Grey

Manufactured by U. F. Casket Co.

Cemetery Crematory } Mt. Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 200	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $ 1/2 = 100.00		
Autos to R. R. Station ..... @ $ P.V. 15.00		
Getting Remains from 115.00		
Taking Remains to 115.00		
Trip to Coroner's Inquest 57.50		
Delivering Box to 287.50		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit	4	—
___Certif. Copies of Death Certificates No.___ (State Number and District)		
Pall Bearer Service, $ .... Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	30	—
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Index Tribune	2 56	
...line Death Notices in .... Papers		
Sun Press (Names of Newspapers)	5	—
Sales Tax	2 88	
Total Footing of Bill	$ 259 44	
Less 10% 30 days	$ 10 75	
Balance	$ 248 69	

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance
6/3/44	Mailed To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
June 17 44	By Payment	$ 248 69	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Occup...

Employer and Address Da...

Date of Death June 5, 1944 (Date) 3:05 P.M. (Hour)

Date of Birth July 17, 1899

Age 44 (Years) 10 (Months) 18 (Days)

Date of Funeral June 7 (Date) Wed (Day of Week) 3 P.M. (Hour)

Services at Chapel

Clergyman Santa Rosa Lodge #646 B.P.O.E. (Address)

Religion of the Deceased

Birthplace Lucas Missouri

Resided in the State 24 years (or U. S. or City or County) (Years) (Months)

Place of Death Victory Hospital Napa Cal

Cause of Death Arteriosclerosis

Contributory Causes See Certificate

Certifying Physician G.B. Andrews M.D. (or Coroner)

His Address Sonoma Cal

Name of Father R.V. Brent

His Birthplace Unknown

Maiden Name of Mother Mary E. Capehart

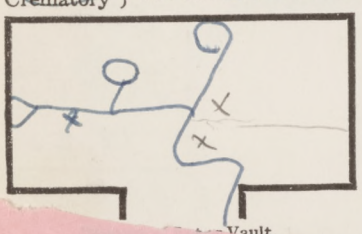
Her Birthplace Unknown

Motor / Ship Remains to

Size of Casket (State Color and Number)

Manufactured by Cal. Casket Co

Cemetery / Crematory Mt. Cemetery Sonoma Cal



Lot No.

Grave No.

Section No.

Block No.

Owner

Candelabrum, $ ... Candl...		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $ 1/2 = 250.00		
Autos to R. R. Station ... @ $ 15.00		
Getting Remains from	2.65.00	
Taking Remains to	2.65.00	
Trip to Coroner's Inquest	13.2.50	
Delivering Box to	6.6.2.50	
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit	6	—
(State Number and District) Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax ... $		
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb	40	—
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / or Motor Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Indest Tribune	2	56
...line Death Notices in ... Papers		
Democrat & Rep- (Names of Newspapers)	2	00
Singer F.W. Bittke	2	50
Organist Mrs. Ostrum	2	50
Sales Tax	6	63
Total Footing of Bill ... $	577	19
Less (30 days) 25% ... $	25	75
Balance ... $	551	44

Entered into Ledger, page ... or below.

SERIAL No. 824

CASKET No. 208-W Size 6/6

COVERING Walnut finish

DESCRIPTION Hinged cap #1390-A Rosetan rayon crepe made special column
Pillow set #1390-A Square #3 crush
1 Set #4990 Colonial Brz. 3x0 Ext. handles
Trim complete.

Amount Paid	Balance	Date		Amount Paid	Balance
	$		To Balance Forward		$
	$	June 12 44	By Payment in full	550 —	$
	$		" "	$	$
	$		" "	$	$
	$		" "	$	$
	$		" "	$	$
	$		" "	$	$
	$		" "	$	$

Insurance Companies

...I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

..., and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ...% per annum.

Witness ...

Signed ...

Address ...

Compiled by F. J. FEINEMAN, St. Louis, Mo.

258

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 5 1944

Name of Deceased Rosa Maria Dressel White
(What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 617 Broadway Sonoma ☐Husband ☐Wife ☐Widow } Card.
or..... of } Age of Husband or Wife (if living).....Years

Charge to Eva Dressel

Address Broadway Sonoma

Order given by.....
(or informant)

How Secured.....

If Veteran, State War None

Occupation At Home None
(Social Security Number)

Employer and Address.....

Date of Death June 5 1944 6 P.M.
(Date) (Hour)

Date of Birth May 2, 1862

Age 82 (Years) 15 (Months) (Days)

Complete Funeral (except outlays)	$ 345 -
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $..... Hair Dressing, $	
Dressing Body, $..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $..... Hose, $	
Folding Chairs, $..... Tarpaulin, $	
Candelabrum, $..... Candles, $	
Door Spray, $..... Gloves, $	
Funeral Car, $..... Ambulance, $	
Limousines to Cemetery @ $	20 -

Pledmont 0123

Chapel of the Chimes
CALIFORNIA
CREMATORIUM -- COLUMBARIUM

4499 Piedmont Avenue

№ 17542

RECEIVED FROM M Bates & Evans Oakland, California, June 8, 1944

Crematorium Services For			
Memorial Niche: Section --including endowment fund deposit--	Tier	No.	3 50
Urn	Chest	Sales Tax	45 -
Flower Service { Twice / Once }	Each Week, from	to Packing & shipping	50
{ Rental / Care }	from	to Engraving Permit	2 50
			50
		Total	3 50
Credits			
Received Three and 50		Dollars	3 50
Check No. Cm	Record No. 37588	CALIFORNIA CREMATORIUM Per Whitehead	Balance

Size of Casket.....
(State Color and Number)

Manufactured by.....

Cemetery / Crematory } Chapel of the Chimes Oakland

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Examiner		5 00
line Death Notices in 2 Papers	Oakland	3 72
	Chronicle	2 00
(Names of Newspapers)	Independent Tribune	3 75
		2 56
Sales Tax		4 31
Total Footing of Bill	$	434 84
Less 17 25	$	17 25
Balance	$	417 59

Entered into Ledger, page.....or below.

Casket No. 9389
Size 6/3
Covering 72
Description Acorn of Lt. Orange Stanwyx 4850-3x0-Gold Hdls
For Bates & Evans

	Amount Paid	Balance	Date		Amount Paid	Balance
		$	6/20/44	To Balance Forward		$
	$	$		By Payment in full	417 59	$
		$		" "	$	$
				" "	$	$
				" "	$	$
				" "	$	$
				" "	$	$
		$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

259

Total No..... Yearly No..... Date of Entry June 9 1944

Name of Deceased William V. White (What Race) White

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Sebastiani Auto Court ☐Husband ☐Wife ☐Widow } or.....of } Alpha L. 53 Age of Husband or Wife (if living).....Years

Charge to Mrs. Alpha L. White

Address Above

Order given by Herself (or informant)

How Secured

If Veteran, State War

Occupation Store Keeper 535-09-0159 (Social Security Number)

Employer and Address

Date of Death June 9 1944 About 10 A.M. (Date) (Hour)

Date of Birth Jan. 11, 1886

Age 58 (Years) 4 (Months) 28 (Days)

Date of Funeral June 12 (Date) Monday (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev. Champlin (Address)

Religion of the Deceased

Birthplace Indiana

Resided in the State 1 year (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death

Contributory Causes

Coroner

Certifying Physician Vernon Silvershield (or Coroner)

His Address Santa Rosa, Calif.

Name of Father James White

His Birthplace England

Maiden Name of Mother Martha Ellen Young

Her Birthplace Indiana

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Mt. Cemetery Sonoma

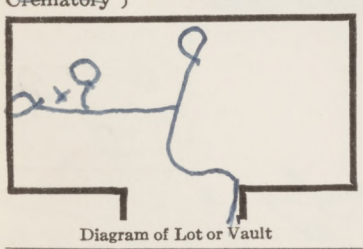


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 295	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $ 1/2 = 14750		
Autos to R. R. Station ..... @ $ 15.00		
Getting Remains from 16250		
Taking Remains to 16250		
Trip to Coroner's Inquest 8125		
Delivering Box to		
Deliver Flowers to 4,0625		
Removal Charges		
Procuring Burial Permit (State Number and District)	1	-
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 4 posts @ 1.00	4	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	30	-
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Rev Champlin Minister	5	00
....line Death Notices in ..... Papers		
Posted (Names of Newspapers)	2	56
Sales Tax	4	06
Total Footing of Bill	$ 356	62
Less 15% 30 days	$ 15	50
Balance	$ 341	12

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
June 14 44	By Payment	$	$		By Payment	$ 341 12	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

258

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 5 19 44

Name of Deceased Rosa Maria Dresel White
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 617 Broadway Sonoma ☐Husband ☐Wife ☐Widow of Earl -
Age of Husband or Wife (if living).....Years

Charge to Eva Dresel

Address Broadway Sonoma

Order given by.....
(or informant)

How Secured.....

If Veteran, State War None

Occupation At Home None
(Social Security Number)

Employer and Address.....

Date of Death June 5 - 1944 6 P.M.
(Date) (Hour)

Date of Birth May 2, 1862

Age 82 (Years) (Months) 15 - (Days)

...ral June 8 Thurs. 10:30 A.M.
(Date) (Day of Week) (Hour)

..., Chapel

...v. Baran Kenwood Cal
(Address)

...Deceased

...an Francisco Caly

State ... Life
(or U. S. or City or County) (Years) (Months)

...Burndale, Hospital

Coronary Myocarditis

auses. See Certificate

...

...cian. C. B. Andrews M.D.
(or Coroner)

...onoma, Caly

...Jacob Gundlach

...Germany

... Mother Eva Hoffmann

...Germany

...o Oakland, Caly

Size of Casket.....
(State Color and Number)

Manufactured by.....

~~Cemetery~~ Crematory } Chapel of the Chimes Oakland

Complete Funeral (except outlays)	$ 345 -
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ... Hair Dressing, $	
Dressing Body, $ ... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ... Hose, $	
Folding Chairs, $ ... Tarpaulin, $	
Candelabrum, $ ... Candles, $	
Door Spray, $ ... Gloves, $	
Funeral Car, $ ... Ambulance, $	
Limousines to Cemetery ... @ $	
Extra Limousines Oakland @ $	20 -
Autos to R. R. Station ... @ $	
Getting Remains from 1/2 =	17.50
Taking Remains to Hosp	17.50
Trip to Coroner's Inquest	8.25 -
Delivering Box to	4.31.25
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax ... $	
Outlay for Lot Return ashes	3 50
Cremation	45 -
Flowers, $ ... Palms, $ ... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ... Singers, $ .... Organist, $	
Railroad or Motor Tickets, $ ... Aeroplane Service, $	
Telegr. Phone, Cable or Radio Charges,	
Cash Advanced ... Singers no chg	~~5 00~~
Out of town Undertaker's Charges	
Personal Service Minister	5 00
Embalmer	3 72
...line Death Notices in Democrat Papers	2 00
Chronicle (Names of Newspapers)	3 95
Index Tribune	2 56
	4.31
Sales Tax	
Total Footing of Bill ... $	434 84
Less 17.25 ... $	17.25
Balance ... $	417 59

Lot No.....
Grave No.....
Section No.....
Block No.....
Owner.....

Entered into Ledger, page.....or below.

Casket No. 9389
Size 6/3
Covering 72
Description Acorn of Lt. Orange Stanwyx 4850-3x0-Gold Hdls
For Bates & Evans

	Amount Paid	Balance	Date		Amount Paid	Balance
		$	6/20/44	To Balance Forward	417 59	$
	$	$		By Payment Paid in full	$	$
		$		" "	$	$
				" "	$	$
				" "	$	$
				" "	$	$
				" "	$	$
		$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

259

Total No..... Yearly No..... Date of Entry June 9 1944

Name of Deceased William V. White — White

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Sebastiani Auto Court ☐Husband ☐Wife ☐Widow of Alpha L. 53

Charge to Mrs. Alpha L. White — Age of Husband or Wife (if living) Years

Address Above

Order given by Herself (or informant)

How Secured

If Veteran, State War

Occupation Store Keeper 535-09-0159 (Social Security Number)

Employer and Address

Date of Death June 9 (Date) 1944 About 10 hrs (Hour)

Date of Birth Jan. 11, 1886

Age 58 (Years) 4 (Months) 28 (Days)

Date of Funeral June 12 (Date) Monday (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev. Champlin (Address)

Religion of the Deceased

Birthplace Indiana

Resided in the State 1 years (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death

Contributory Causes

Coroner

Certifying Physician Vernon Silvershield (or Coroner)

His Address Santa Rosa, Calif.

Name of Father James White

His Birthplace England

Maiden Name of Mother Martha Ellen Young

Her Birthplace Indiana

Motor / Ship Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory Mt. Cemetery Sonoma

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 295	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $ 1/2 = 14.75		
Autos to R. R. Station ... @ $ 15.00		
Getting Remains from 16.25		
Taking Remains to 16.25		
Trip to Coroner's Inquest 8.25		
Delivering Box to		
Deliver Flowers to 4.06.25		
Removal Charges		
Procuring Burial Permit	1	-
(State Number and District) Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 4 posts @ 1.00 =	4	00
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb	30	-
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Rev. Champlin: Minister	5	00
... line Death Notices in ... Papers		
Posted (Names of Newspapers)	2	56
Sales Tax	4	06
Total Footing of Bill	$ 356	62
Less 15.50 30 days	$ 15	50
Balance	$ 341	12
Entered into Ledger, page ... or below.		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$ June 14, 44		By Payment	$ 341 12	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed ...

Witness ... Address ...

Compiled by F. J. FEINEMAN, St. Louis, Mo.

260

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 11 19 44

Name of Deceased James Norman Cowan White
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Cottonwood, Caliy ☐Husband ☐Wife ☐Widow } Donna 53
or.....of } Age of Husband or Wife (if living) Years

Charge to Mrs. Donna Cowan

Address Cottonwood, Caliy

Order given by (or informant)

How Secured

If Veteran, State War #1

Occupation Rancher none (Social Security Number)

Employer and Address

Date of Death June 6, 1944 (Date) 11:50 P.M. (Hour)

Date of Birth August 29, 1898

Age 45 (Years) 10 (Months) 10 (Days)

Date of Funeral June 15 (Date) Thurs. (Day of Week) 10 A.M. (Hour)

Services at St. Frances

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Glen Ellen, Caliy

Resided in the State (or U. S. or City or County) Life (Years) (Months)

Place of Death Redding, Caliy

Cause of Death Hemorrhage of Brain

Contributory Causes Fractured Skull

Certifying ~~Physician~~ Claude E. Whiteman (or Coroner)

His Address Redding, Caliy

Name of Father James Cowan

His Birthplace Springfield Mo.

Maiden Name of Mother Agnes Small

Her Birthplace San Francisco, Caliy

Motor Ship } Remains to Brought here from Home Mortuary Redding

Size of Casket (State Color and Number)

Manufactured by

Cemetery ~~Crematory~~ } Mt. Cem. Sonoma, Caliy

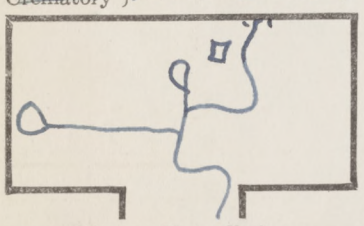


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket		
Burial Vault or Box Box + 7x (State Kind)		15 38
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		2 50
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery Hearse		15 —
Extra Limousines 1 Car @ $		10 —
Autos to R. R. Station @ $		
Getting Remains from Box —	15.00	
Taking Remains to Glover	2.50	
Trip to Coroner's Inquest	17.50	
Delivering Box to	17.50	
Deliver Flowers to	8.75	
Removal Charges	43 75	
Procuring Burial Permit Bullotin (State Number and District)		1 —
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		38 —
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced Grave Marker		25 0
Out of town Undertaker's Charges		
Personal Service Chapel		15 —
tour Mass		15 —
....line Death Notices in Posted Papers		2 54
Dem Rep		2 —
2 times (Names of Newspapers) Examiner Chronicle } mis Cass		11 78
Sales Tax		
Total Footing of Bill	$	130 72
Less	$	
Less Opening Balance	$	38
Rec'd Thank you Card Entered into Ledger, page ..... or below.		92 72

Date		Amount Paid	Balance
June 20 44	To Above Balance Bill to Home mortuary Redding (except opening of grave)	$	$
	By Payment	$	$
July 8, 44	" " Bill for Opening & 2 Thank you Cards to James Cowan Glen Ellen	$	$
July 22, 44	" Letter to Home mortuary	$	$
Aug 12 - 44	" Paid by Check	$	$
78-15-44	" Filed claim for 7750 balance with Chenowith & Leininger attys Redding	$	$

Date		Amount Paid	Balance
	To Balance Forward	$	$
	By Payment	$	$
	" "	$ 92.72	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Witness 9/29/44 paid in full Claim 44 Signed.....

Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

261

Total No..... Yearly No..... Date of Entry June 13 1944

Name of Deceased William F. Lathrop White (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence Hillside & Mt. Ave. ☐Husband ☐Wife ☐Widow } Alice

or..... of } Age of Husband or Wife (if living).....Years

Charge to John O'Neill

Address Box 5 Agua Caliente Calif.

Order given by Himself (or informant)

How Secured

Complete Funeral (except outlays)	$	375 -
Casket		
Burial Vault or Box (State Kind)		15 -
Embalming Body (Name of Embalmer)		

TELEPHONE 43

Bates and Evans

Funeral Directors

SONOMA, CALIFORNIA

June 16, 44

Received of Bates & Evans the herebelow listed articles belonging to the late William F. Lathrop.

Cash 2.55
Wallet
Check book
2 bank books
Cash purse
Ring of keys.
1 Shot gun

Executor of
Estate of the late William F. Lathrop
John O'Neill

Manufactured by .....

Cemetery / Crematory } Catholic Cem. Sonoma, Cal.

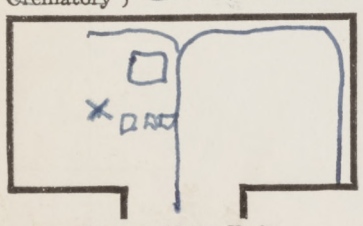


Diagram of Lot or Vault

Lot No.....
Grave No.....
Section No.....
Block No.....
Owner.....

Posted, Index-Tribune (Names of Newspapers)		2 56
Sales Tax		5 06
Total Footing of Bill	$	443 00
Less 15% 30 days	$	18 75
Balance	$	424 25
Entered into Ledger, page ..... or below.		

Casket No. 9585-HP
Size 6/3
Covering Q111 Fawn
87.
Description Atlas Panel & Slate Pillow
Lined Eggshell Satin back Crepe
Victorian 6X0 Gold Hdls

Date		Amount Paid	Balance
	To Balance Forward	$	$
7/6/44	By Payment	$424.25	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
6/20/44	Statement	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

260

RECORD OF FUNERAL

Total No. .... Yearly No. .... Date of Entry June 11 1944

Name of Deceased James Norman Cowan White (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Cottonwood, Calif. ☐Husband ☐Wife ☐Widow or .... of } Donna .... Age of Husband or Wife (if living) 53 Years

Charge to Mrs Donna Cowan

Address Cottonwood, Calif.

Order given by .... (or informant)

How Secured ....

If Veteran, State War #1-

Occupation Rancher

Employer and Address ... 9

Date of Death June 6, 1944 (Date)

Date of Birth August 29, 189[illegible]

Age 45 (Years) 10 (Months)

Date of Funeral June 15 (Date) Thurs. (Day of Week)

Services at St. Francis

Clergyman ....

Religion of the Deceased Catholic

Birthplace Glen Ellen, Ca[illegible]

Resided in the State .... (or U. S. or City or County)

Place of Death Redding, Calif.

Cause of Death Hemorrhage [illegible]

Contributory Causes Fractured [illegible]

....

Certifying ~~Physician~~ Claude E. [illegible] (or Coroner)

His Address Redding, Calif.

Name of Father James Col[illegible]

His Birthplace Springfield [illegible]

Maiden Name of Mother Agnes [illegible]

Her Birthplace San Francisco

Motor / Ship } Remains to Brought here

Size of Casket Home Mortuary (State Color and Number)

Manufactured by ....

Cemetery / ~~Crematory~~ Mt. Cem. Sonoma, Calif.

Lot No. ....

Grave No. ....

Section No. ....

Block No. ....

Owner ....

Diagram of Lot or Vault

	$	
Complete Funeral (except outlays)	$	
Casket		
Burial Vault or Box Box + 7x (State Kind)	15	38
Embalming Body		
... line Death Notices in Index-Tribune Papers Dem. Rep.	2	
2 times Examiner / Chronicle (Names of Newspapers) } mis cass.	11	78
Sales Tax		
Total Footing of Bill	$	
Less	$ 130	72
Less Opening by family / Balance	$ 38	
Dem. Thank you card 1.00 / Index 1.00 / Entered into Ledger, page .... or below.	92	72

Posts 4.50 / 44

Date		Amount Paid	Balance	Date		Amount Paid	Balance
June 20 44	To Above Balance Bill to Home mortuary	$			To Balance Forward		$
Redding	By Payment (all except opening of grave)	$			By Payment	$	$
	" "	$			" "	$ 92.72	$
July 8, 44	Bill for Opening & 2 Thank you Cards to James Cowan	$			" "		$
	Glen Ellen -	$			" "	$	$
July 22, 44	Letter to Home mortuary	$			" " In full	$	$
Aug 12 - 44	Paid by Check	$			" "	$	$
8-15-44	Filed claim for 44.50 balance	$			" "	$	$

with Chenoweth & Leininger attys Redding

Insurance .... Names of Lodges .... Insurance Companies ....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .... days from date. Interest to accrue from maturity at the rate of .... % per annum.

Signed .... Claim 44.50

Witness 9/29/44 paid in full

Address ....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

177 3/4

261

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 13 1944

Name of Deceased William F. Lathrop White (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence Hillside & Mt. Ave. ☐Husband ☐Wife ☐Widow } Alice

or.....of } Age of Husband or Wife (if living).....Years

Charge to John O'Neill

Address Box 5 Agua Caliente Calif

Order given by Himself (or informant)

How Secured

, State War none

n Retired Carpenter none (Social Security Number)

and Address

eath June 13, 1944 About 3 P.m. (Date) (Hour)

rth April 20, 1864

80 (Years) 1 (Months) 23 (Days)

neral June 16 Fri 10 A.M. (Date) (Day of Week) (Hour)

St. Francis

(Address)

f the Deceased Catholic

Santa Cruz Calif

the State (or U. S. or City or County) (Years) (Months)

eath Lathrop Home

Death Gun Shot Wound

ory Causes Self inflicted

Physician Vernon Silvershield (or Coroner)

ss Santa Rosa Calif

Father Unknown

place Unk

Name of Mother Unknown

nplace

emains to

asket (State Color and Number)

ufactured by

Cemetery / Crematory } Catholic Cem. Sonoma, Calif

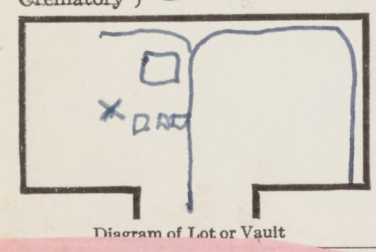


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	375 —
Casket		15 —
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Suit 15.00 24.38 (State Kind and Color)		15 38
Slippers, $ ..... Hose, $ Underwear		—
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $ 1/2 = 187.50		
Autos to R. R. Station ..... @ $ 3 = 15.00		
Getting Remains from Sant 15.00		
Taking Remains to 217.50		
Trip to Coroner's Inquest 217.50		
Delivering Box to 108.75		
Deliver Flowers to 5.43.75		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		15 —
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Mass		15 —
....line Death Notices in ..... Papers		
Posted ... Independent Tribune (Names of Newspapers)		2 56
Sales Tax		5 06
Total Footing of Bill	$	443 00
Less 1% 30 days	$	18 75
Balance	$	424 25

Entered into Ledger, page ..... or below.

Casket No. 9585-HP

Size 6/3

Covering Q111 Fawn

87

Description Atlas Panel & Slate Pillow
Lined Eggshell Satin back Crepe
Victorian 6X0 Gold Hdls

Date		Amount Paid	Balance
	To Balance Forward	$	$
7/6/44	By Payment	$424.25	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
6/20/44 Statement	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

262

RECORD OF FUNERAL

Total No. ... Yearly No. ... Date of Entry June 13 1944

Name of Deceased Charles W. Poston (What Race) White

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Sonoma Vista Bayes Springs Calif ☐Husband ☐Wife ☐Widow or ... of Edith 52 (Age of Husband or Wife (if living)) Years

Charge to Mrs Chas W. Poston

Address ~~Above~~ 1103 - West 9th St

Order given by Chico, Calif. (or informant)

How Secured

If Veteran, State War World War #1

Occupation Laborer 532-07-2943 (Social Security Number)

Employer and Address

Date of Death June 13, 1944 (Date) (Hour)

Date of Birth July 31, 1890

Age 53 (Years) 10 (Months) 12 (Days)

Date of Funeral June 16 (Date) Friday (Day of Week) 1 P. M. (Hour)

Services at Chapel

Clergyman Rev C. C. Champlin

Religion of the Deceased

Birthplace Dayton, Ohio

Resided in the State 35 years (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Primary Cerebrovascular

Contributory Causes Accident & respiratory failure hypertention & Coronary Artery Disease

Certifying ~~Physician~~ Vernon Silvershield (or Coroner)

His Address Santa Rosa, Calif

Name of Father Elmer Poston

His Birthplace Unknown

Maiden Name of Mother Catherine Harris

Her Birthplace Unknown

Motor ~~Ship~~ Remains to National Cem. San Mateo Co.

Size of Casket 6/3 #13 Greyette (State Color and Number)

Manufactured by S.F.

Cemetery ~~Crematory~~ National Cem. San Mateo Co.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	145 -
Casket		
Burial Vault or Box (State Kind)		15 -
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ 5.00 ... Underwear, $		
Suit or ~~Dress~~ 15 - Tan 38 (State Kind and Color)		15 00
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $ 1/2 = 12.50		
Extra Limousines ... @ $ Ext. 15.00		
Autos to R. R. Station ... @ $ Stat. 15.00		
Getting Remains from ... 10.2.50		
Taking Remains to ... 10.2.50		
Trip to Coroner's Inquest ... 5.1.25		
Delivering Box to ...		
Deliver Flowers to ... 25.6.25		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service ~~Rev C. Richmond~~ Times Herald		2 50
... line Death Notices in ... Papers (Names of Newspapers) Rev. Champlin		5 00
Singer Mrs Brinstead		5 00
Sales Tax		2.50
Total Footing of Bill	$	190 01
Less 8.00 30 days	$	
Balance	$	

Entered into Ledger, page ... or below.

Date		Amount Paid	Balance
6/20/44	Statement To Above Balance		$
8/15/44	Statement By Payment ~~Discharge papers to A Pl.~~		$
9/11/44	mailed " " papers to E. Poston to sign		$
2/14/45	Letter to Mrs Chas W. Poston		$
	" "		$
	" "		$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
8/3/44	Kate Poston [mother] "	$ 15 00	$
Nov. 9, 44	~~[illegible]~~ "	$	$
	On Acct "	$ 100 —	$ U.S.V. Bureau
April 5, 1944	" "	$ 15.00	$
	" "	$	$

Insurance $ ... Names of Lodges ... Insurance Companies ...

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed ...

Witness ... Address ...

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

263

Total No..... Yearly No..... Date of Entry June 16 1944

Name of Deceased Harriet Dutton White

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1st St. West ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living)..... Years

Charge to Mrs Shirley Weise

Address Glen Ellen R.F.D.

Order given by Herself (or informant)

How Secured

If Veteran, State War None

Occupation Retired Secretary None (Social Security Number)

Employer and Address

Date of Death June 16 1944 (Date) 3:20 A.M. (Hour)

Date of Birth Unknown

Age about 86 (Years) (Months) (Days)

Date of Funeral June 19 (Date) Monday (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev. Clarence Oswald Sonoma (Address)

Religion of the Deceased Methodist

Birthplace Maine

Resided in the State 49 (or U. S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death Myocardial failure

Contributory Causes

Certifying Physician A. K. McGrath M.D. (or Coroner)

His Address Sonoma Calif.

Name of Father Unknown Dutton

His Birthplace Maine

Maiden Name of Mother Jane Lenihen

Her Birthplace Unknown

Motor / Ship } Remains to

Size of Casket #5050 Steele Eng. (State Color and Number)

Manufactured by

Cemetery / Crematory } Mt. Cem. Sonoma Calif.

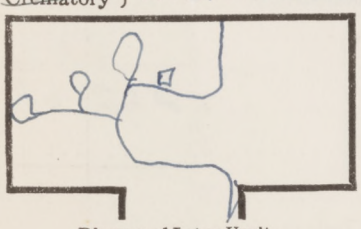


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	200 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $ 1/2 = 100.00		
Extra Limousines ..... @ $ 15.00		
Autos to R. R. Station ..... @ $ 115.00		
Getting Remains from 115.00		
Taking Remains to 57.50		
Trip to Coroner's Inquest 28.75		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		1 —
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		40 —
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....		
....line Death Notices in ..... Papers		
Indep. Tribune (Names of Newspapers)		2 56
Sales Tax		2 88
Total Footing of Bill	$	261 44
Less 10.75	$	10 75
Balance	$	250 69
Entered into Ledger, page ..... or below.		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
1/5/44	Statement to Mrs Weise						
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	7/12/44	In full	$ 250 69	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

264 Hattie Frisinger phone 428

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry June 17 19 44

Name of Deceased Enrico Bartoli White
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Sonoma, Caly ☐Husband ☐Wife ☐Widow } Rose
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Dante Bartoli

Address Meridian, Caly Sutter Co

Order given by ..... (or informant)

How Secured

If Veteran, State War

Occupation Garage owner (Social Security Number)

Employer and Address

Date of Death June 17, 1944 (Date) 6:30 P.M. (Hour)

Date of Birth March 4, 1891

Age 53 (Years) 3 (Months) 13 (Days)

Date of Funeral June 20 (Date) Tuesday (Day of Week) 10 A.M. (Hour)

Services at ~~Chapel~~ St Francis (Address)

Clergyman

Religion of the Deceased Catholic

Birthplace Woodland, Caly

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death Cerebral - hemorrhage

Contributory Causes With Rt. hemiplegia

malignant Hypertention

Certifying Physician Wm J Newman MD (or Coroner)

His Address Sonoma Caly

Name of Father Angelo Bartoli

His Birthplace Italy

Maiden Name of Mother Cornelia Vannucci

Her Birthplace Italy

Motor / Ship } Remains to

Size of Casket #6006 - 857 Plat. Arcola (State Color and Number)

Manufactured by C-C-C

Cemetery / ~~Crematory~~ } Mt. Cem. Sonoma Caly

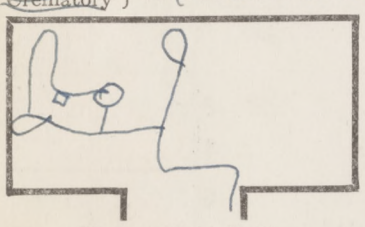


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	295 -
Casket		
Burial Vault or Box (State Kind)		15 -
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $ 1/2 = 147.50		
Autos to R. R. Station ..... @ $ 15.00		
Getting Remains from 162.50		
Taking Remains to 162.50		
Trip to Coroner's Inquest 8.1.25		
Delivering Box to		
Deliver Flowers to 40.625		
Removal Charges		
Procuring Burial Permit (State Number and District)		1 -
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		28 00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Mass		15 00
line Death Notices in Papers		
Democrat		2 00
(Names of Newspapers)		
Index Tribune		2 56
Sales Tax		4 06
Total Footing of Bill	$	362 62
Less 15.50 20 days	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
7/5/44	Statement to Dante Bartoli		
	To Above Balance	$	$
9/4/44	Inked with a R-4.		
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
10-19-44	By Payment	$	$
	" In Full	$ 362 62	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Mrs Bolger: Randolph 5386
" Kelly: Hemlock 0963 - daytime

265

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 17 19 44

Name of Deceased Annie Douglas White
☐ Married ☐ Single ☒ Widowed ☒ Divorced (What Race)

Residence B245 - R.F.D. Sonoma ☐Husband ☐Wife ☐Widow } Andrew C.
or..... of } Age of Husband or Wife (if living)..... Years

Charge to Archie Douglas

Address above

Order given by (or informant)

How Secured

If Veteran, State War none

Occupation At Home (Social Security Number)

Employer and Address

Date of Death June 17, 1944 (Date) 6:30 PM (Hour)

Date of Birth April 7, 1875

Age 69 (Years) 2 (Months) 10 (Days)

Date of Funeral June 21 (Date) Wed. (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev. Perry Sonoma (Address)

Religion of the Deceased

Birthplace S. F. Cal.

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death Cerebral embolism

Contributory Causes Thombos from Thrombosed Varicose Veins

Certifying Physician Wm. J. Newman (or Coroner)

His Address Sonoma

Name of Father Daniel Condon

His Birthplace Ireland

Maiden Name of Mother Catherine Brady

Her Birthplace Ireland

Motor / Ship } Remains to

Size of Casket #9381 - #220 Cov. ½ Ch. (State Color and Number)

Manufactured by S.F. Co.

Cemetery / Crematory } M. Mem. Sonoma,

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	295 -
Casket		
Burial Vault or Box (State Kind)		15 -
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $ 2 = 1475		
Funeral Car, $ ..... Ambulance, $ 15 00		
Limousines to Cemetery ..... @ $ 16250		
Extra Limousines ..... @ $ 16250		
Autos to R. R. Station ..... @ $ 8125		
Getting Remains from		
Taking Remains to 4 @ 6 25		
Trip to Coroner's Inquest 1		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		6 -
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 4 Boats @ 1 00		4 00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		35 00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev. Perry		5 00
Democrat		2 00
....line Death Notices in ..... Papers		
Ex. Examiner		9 30
(Names of Newspapers)		
Sonoma Tribune		2 56
Sales Tax		4 06
Total Footing of Bill	$	377 92
Less 15 58 30 days 2 % 60		2 00
Balance	$	379 92
		15 50

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid 364.42	Balance
7/5/44	Statement to Archie				To Balance Forward		
7/14/44	to Brandstead By Payment	$	$	7/16/44	By Payment	$	$
	" "	$	$		In full	$ 362 42	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

permits to here 266 inclusive

547-03-4596

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry ~~July~~ June 24 19 44

Name of Deceased Thomas Mc Mann White

☐ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

Residence .....

☐ Husband ☐ Wife ☐ Widow } Agnes

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Irene A. Furlong

Address 1451 Larkin St. San Francisco

Order given by above Ordered funeral (or informant)

How Secured .....

If Veteran, State War none

Occupation Retired Shipping Clerk (Social Security Number)

Employer and Address Maritime

Date of Death March 24 1944 (Date) (Hour)

Date of Birth March

Age about 70 (Years) (Months) (Days)

Date of Funeral June 27, Tue 10 A.M. (Date) (Day of Week) (Hour)

Services at St. Frances

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace San Francisco

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death S. F. County Hospital

Cause of Death Uremia

Complete Funeral (except outlays)	$ 200	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or ~~Dress~~ Suit 15.00 24 38 (State Kind and Color)	15	38
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $ 1/2 = 100.00		
Extra Limousines ..... @ $ 1/2 15.00		
Autos to R. R. Station ..... @ $ 15.00		
Getting Remains from Sut 130.00		
Taking Remains to 130.00		
Trip to Coroner's Inquest 65.00		
Delivering Box to 10.0		
Deliver Flowers to 3.25		
Removal Charges 3.1		
Procuring Burial Permit (State Number and District)	17.1	-
___ Certif. Copies of Death Certificates No. Local (State Physician's or Coroner's)	4	00
Pall Bearer Service, $ .... Use of Chapel, $		

Ray Grinstead
Attorney at Law
Sonoma, California
Telephone 284

Received of Bates & Evans claim against the Estate of Thomas McMann in the sum of $289.51, this 8 day of August, 1944.

R. J. Mogan

Attorney for the Estate of
Thomas McMann, Deceased

Description Lined Rego Rd Pillow 552-Hdls

1/5/44 Statement to Irene		$				"	"	$		$			
						"	"	$		$			
						"	"	$		$			
						"	"	$		$			

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

267

Total No..... Yearly No..... Date of Entry July 1 1944

Name of Deceased Maria Baccoli White

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence East Napa St Sonoma ☐Husband ☐Wife ☐Widow of Pietro

Charge to Pietro Baccoli Age of Husband or Wife (if living) ..... Years

Address above

Order given by ..... (or informant)

How Secured .....

If Veteran, State War none

Occupation Housewife none (Social Security Number)

Employer and Address .....

Date of Death July 1, 1944 (Date) 12:15 PM (Hour)

Date of Birth April 6, 1870

Age 74 (Years) 2 (Months) 25 (Days)

Date of Funeral July 3 (Date) Monday (Day of Week) 10 A.M. (Hour)

Services at St Francis (Address)

Clergyman .....

Religion of the Deceased Catholic

Birthplace Italy

Resided in the State ..... (or U. S. or City or County) 53 (Years) ..... (Months)

Place of Death Home

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Wm J Newman MD (or Coroner)

His Address Sonoma Calif

Name of Father A Giolino Deceased

His Birthplace Italy

Maiden Name of Mother Unknown

Her Birthplace Italy

Motor / Ship } Remains to .....

Size of Casket .....

(State Color and Number)

Manufactured by .....

Cemetery / Crematory } Mt. Cem. Sonoma

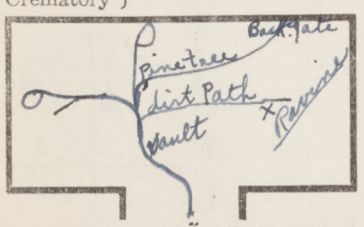


Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$ 330	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ 5.00 Underwear, $		
Suit or Dress 15.00 Lot 38 (State Kind and Color)	15	38
Slippers, $ ..... Hose, $ 1/2 = 165.00		
Folding Chairs, $ ..... Tarpaulin, $ Box 15.00		
Candelabrum, $ ..... Candles, $ Urns 15.00		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $ 195.00		
Limousines to Cemetery ..... @ $ 195.00		
Extra Limousines ..... @ $ 9750		
Autos to R. R. Station ..... @ $ 4 8750		
Getting Remains from Jail		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	1	-
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	30	
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Maria	15	00
Posted - Indent	2	56
...line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax	4	50
Total Footing of Bill	$ 413	44
Less 17.25 30 days	$ 17	25
Balance	$ 396	19

Entered into Ledger, page .....or below.

5/44 Statement

Casket No. 9469 **Order No.**

Size 6/3 **Date** 6/23/43

Covering #72

Description Peach Aristo Centers
Acorn of Orange Stanwyx
437 Gold Handles

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
7/9/44	" "	$ 396 19	$
	" "	$ Default	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

permits to here 266 inclusive

547-03-4596

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry ~~Jan~~ June 24 19 44

Name of Deceased Thomas Mc Mann White

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence .....

☐Husband ☐Wife ☐Widow } Agnes
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Irene A. Furlong

Address 1451 Larkin St San Francisco

Order given by above Ordered funeral
(or informant)

How Secured

Complete Funeral (except outlays)	$	200 -
Casket		
Burial Vault or Box (State Kind)		15 -
Embalming Body		
Opening of Grave or Tomb		20 -
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
~~Examiner~~		3 69
....line Death Notices in ..... Papers		
Independ Posted (Names of Newspapers)		2 56
Mass		15 00
Sales Tax		2 88
Total Footing of Bill	$	289 51
Less 10% 30 days	$	
Balance	$	

His Address S.F. Hospital

Name of Father Wm Mc Mann

His Birthplace Scotland

Maiden Name of Mother Unk

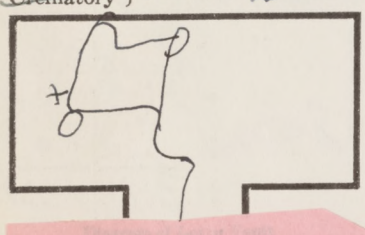
Her Birthplace Unk

Motor / Ship } Remains to .....

Size of Casket #5050 Grey Eng
(State Color and Number)

Manufactured by S.F.

Cemetery / ~~Crematory~~ } Mt. Benetery Sonoma



Lot No.

Grave No.

Section No.

Block No.

Owner

Entered into Ledger, page ..... or below.

Casket No. 5050
Size 6/3

Covering Gray Eng

Description Lined Rego Rd Pillow
552-Hdls

Date		Amount Paid	Balance
			$
9/11/44	To Balance Forward		$
	By Payment	$ 289 51	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
1/5/44	Statement to Irene	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

267

Total No..... Yearly No..... Date of Entry July 1 1944

Name of Deceased Maria Boccoli White

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence East Napa St Sonoma ☐Husband ☐Wife ☐Widow of Pietro

Charge to Pietro Boccoli or..... of Age of Husband or Wife (if living)..... Years

Address Above

Order given by..... (or informant)

How Secured.....

If Veteran, State War None

Occupation Housewife None (Social Security Number)

Employer and Address.....

Date of Death July 1, 1944 (Date) 12:15 PM (Hour)

Date of Birth April 6, 1870

Age 74 (Years) 2 (Months) 25 (Days)

Date of Funeral July 3 (Date) Monday (Day of Week) 10 A.M. (Hour)

Services at St Francis

Clergyman..... (Address)

Religion of the Deceased Catholic

Birthplace Italy

Resided in the State..... (or U. S. or City or County) 53 (Years) (Months)

Place of Death Home

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Wm J Newman MD (or Coroner)

His Address Sonoma Calif

Name of Father Agostino Deafar

His Birthplace Italy

Maiden Name of Mother Unknown

Her Birthplace Italy

Motor / Ship Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by.....

Cemetery / Crematory Mt. Cem. Sonoma

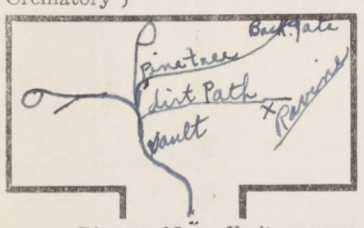


Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 330	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $ 5.00 Underwear, $		
~~Suit~~ or Dress 15.00 Lot 38 (State Kind and Color)	15	38
Slippers, $..... Hose, $ 1/2 = 165.00		
Folding Chairs, $..... Tarpaulin, $ Box 15.00		
Candelabrum, $..... Candles, $ Urns 15.00		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $ 195.00		
Limousines to Cemetery @ $ 195.00		
Extra Limousines @ $ 9750		
Autos to R. R. Station @ $ 4.8750		
Getting Remains from Jaf		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	1	-
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb	30	
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Maso	15	00
Posted - Indent	2	56
...line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax	4	50
Total Footing of Bill	$ 413	44
Less J.I. 2 30 days	$ 17	25
Balance	$ 396	19

Entered into Ledger, page..... or below.

5/44 Statement

Casket No. 9469 **Order No.**

Size 6/3 **Date** 6/23/43

Covering #72

Description Peach Aristo Centers
Acorn of Orange Stanwyx
437 Gold Handles

Date		Amount Paid	Balance
	To Balance Forward	$	$
7/9/44	By Payment	$ 396 19	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Gino Fumagalli – 14 Dublin St. S.F.

268
a Brother

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 4 1944

Name of Deceased Ugo Fumagalli White
☐ Married ☑ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt 3 Bx 488 Petaluma ☐Husband ☐Wife ☐Widow
or..... of } Age of Husband or Wife (if living).....Years

Charge to Mrs. A. Resinelli

Address 151 Castro San Leandro

Order given by..... (or informant)

How Secured.....

If Veteran, State War None

Occupation Ranch Laborer None (Social Security Number)

Employer and Address.....

Complete Funeral (except outlays)	$	295 -
Casket		
Burial Vault or Box (State Kind)		15 -
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $ 15.00 Underwear, $		
Suit ~~or Dress~~ 15.00 7.38 (State Kind and Color)		15 38
~~Slippers~~, $ Underwear ~~Hose~~, $ Soy		1 75

TELEPHONE 43

Bates and Evans
Funeral Directors
SONOMA, CALIFORNIA

July 5, 1944

Received the following personal effects of Ugo Fumagalli, from the above firm, on the above date.

Watch
$33.50

A Resinelli ..... sister

Grave No.....
Section No.....
Block No.....
Owner.....

Diagram of Lot or Vault

Total Footing of Bill	$	376 19
Less 15.50 – 30 days	$	15 50
Balance	$	360 69

Entered into Ledger, page.....or below.

Casket No. 345 HP
Size 6/3

Covering #238
749 Brace
Pebble Panel & Rd Pillow
Lined Stanwyx Pillow Set
353 3x0 Spt Handles

Amount Paid	Balance	Date		Amount Paid	Balance
	$		To Balance Forward		$
	$	7/5/44	By Payment	$ 360 69	$
			" "	$	$
			" "	$	$
			" "	$	$
			" "	$	$
			" "	$	$
" "	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry July 11th 1944

Name of Deceased Lucy Josephine Campbell White
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Barracks Annex Sonoma ☐Husband ☐Wife ☐Widow of William
Age of Husband or Wife (if living) ..... Years

Charge to Daisy Barbour

Address Above

Order given by ..... (or informant)

How Secured .....

If Veteran, State War None

Occupation At Home none (Social Security Number)

Employer and Address .....

Date of Death July 11, 1944 (Date) 4 P.M. (Hour)

Date of Birth Aug 2, 1862

Age 81 (Years) 11 (Months) 9 (Days)

Date of Funeral Removal to Reno Nev. (Date) (Day of Week) – (Hour) M.

Services at Rogers & O'Brien Reno Nev

Clergyman ..... (Address)

Religion of the Deceased .....

Birthplace Iowa

Resided in the State 30 yrs (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Chr. Myocarditis with

Contributory Causes terminal failure

Coronary Arteriosclerosis –

Certifying Physician ..... (or Coroner)

His Address C. B. Andrews M.D. Sonoma

Name of Father Daniel Fisher

His Birthplace Penn

Maiden Name of Mother Nancy Ann Parker

Her Birthplace Tennessee

~~Motor~~ Ship } Remains to Reno Nev

Size of Casket 6/3 9389 - #220 cov. (State Color and Number)

Manufactured by L. F.

Cemetery / Crematory } Shipped to Reno

Diagram of Lot or Vault

Lot No. .....
Grave No. .....
Section No. .....
Block No. .....
Owner .....

Complete Funeral (except outlays)	$	295 –
Casket		
Burial Vault or Box (State Kind)		15 –
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $ 1/2 = 14.50		
Extra Limousines ..... @ $ 3X 15.00		
Autos to R. R. Station ..... @ $ 1.62.50		
Getting Remains from 1.62.50		
Taking Remains to 8.1.25		
Trip to Coroner's Inquest ..... $ 4.06.25		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
fare to Reno		19 06
....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		4 06
Total Footing of Bill	$	333 12
Less 15 50	$	15 50
Balance	$	317 62

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
			$
			$
			$

Date		Amount Paid	Balance
	To Balance Forward		$
7/12/44	By Payment	$ 200.00	$
7/20/44	" "	$ 297 62	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Casket No. 9389
Size 6/3
Covering 220
Description Nyberg of Bro. Baronial 4850-3x0-Hdls

Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Date of Funeral (Date) 1/ (Day of Week) U (Hour)

Services at St. Francis

Clergyman

Religion of the Deceased Catholic (Address)

Birthplace Italy

Resided in the State 35 (or U. S. or City or County) (Years) (Months)

Place of Death Black Point Hwy. near Schellville

Cause of Death Fracture of Skull

Contributory Causes

Certifying ~~Physician~~ (or Coroner) Vernon Silvershield

His Address Sonoma Caly

Name of Father Carlo Fumagalli

His Birthplace Italy

Maiden Name of Mother Ermina Valle

Her Birthplace Italy

Motor / Ship Remains to

Size of Casket

Manufactured by S.F. (State Color and Number)

Cemetery / Crematory Catholic Cem. Sonoma

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Autos to R. R. Station			
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest	1/2	14	50
Delivering Box to	Bat	15	00
Deliver Flowers to Funt. + Undertaker		1	6 25
Removal Charges		179	25
Procuring Burial Permit		179	25
Certif. Copies of Death Certificates (State Number and District) No.		89	63
Pall Bearer Service, $ .... Use of Chapel, $ (State Physician's or Coroner's)		4	48 13
Gross Total for Sales Tax	$		
Outlay for Lot			
Cremation	1 Grave	15	00
Flowers, $ .... Palms, $ .... Matting, $			
Rental of Tent, $ .... of Temporary Vault, $			
Opening of Grave or Tomb		15	—
Lining Grave, $ .... Lowering Device, $			
Outlay for Shipping Charges			
Clergyman, $ .... Singers, $ .... Organist, $			
Railroad / or Motor Tickets, $ .... Aero-plane Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service	Mass	15	00
.... line Death Notices in .... Papers (Names of Newspapers)			
Sales Tax		4	06
Total Footing of Bill	$	376	19
Less 15 50 = 30 days	$	15	50
Balance	$	360	69

Entered into Ledger, page .... or below.

Casket No. 345 HP

Size 6/3

Covering #238

749 Brace
Pebble Panel & Rd Pillow
Lined Stanwyx Pillow Set
353 3x0 Spt Handles

Date		Amount Paid	Balance
	To Balance Forward		$
7/5/44	By Payment Funeral	$ 360 69	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ .... Names of Lodges .... Insurance Companies ....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .... days from date. Interest to accrue from maturity at the rate of .... % per annum.

Signed ....

Witness .... Address ....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

269

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry July 11 1944

Name of Deceased Lucy Josephine Campbell White

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Barracks Annex Sonoma ☐Husband ☐Wife ☐Widow of Wilbur

Charge to Daisy Barbour Age of Husband or Wife (if living) ..... Years

Address Above

Order given by ..... (or informant)

How Secured .....

If Veteran, State War None

Occupation At Home none (Social Security Number)

Employer and Address .....

Date of Death July 11, 1944 (Date) 4 P.M. (Hour)

Date of Birth Aug 2, 1862

Age 81 (Years) 11 (Months) 9 (Days)

Date of Funeral removal to Reno Nev (Date) (Day of Week) (Hour) M.

Services at Rogers & O'Brien Reno Nev (Address)

Clergyman .....

Religion of the Deceased .....

Birthplace Iowa

Resided in the State 30 yrs (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Chr. Myocarditis with

Contributory Causes terminal failure

Coronary Arteriosclerosis

Certifying Physician .....

His Address G. B. Andrews M.D. (or Coroner) Sonoma

Name of Father Daniel Fisher

His Birthplace Penn

Maiden Name of Mother Nancy Ann Parker

Her Birthplace Tennessee

~~Motor~~ Ship } Remains to Reno Nev

Size of Casket 6/3 9389 - #220 cov.

Manufactured by S. F. (State Color and Number)

Cemetery Crematory } Shipped to Reno

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	295 -
Casket		
Burial Vault or Box (State Kind)		15 -
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $ 1/2 = 147.50		
Extra Limousines ..... @ $ 3 = 15.00		
Autos to R. R. Station ..... @ $ 1.6.2.50		
Getting Remains from 1.6.2.50		
Taking Remains to 81.25		
Trip to Coroner's Inquest ..... $ 4,06.25		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
fare to Reno		19 06
....line Death Notices in ..... Papers		
(Names of Newspapers)		
Sales Tax		4 06
Total Footing of Bill	$	333 12
Less 15 50	$	15 50
Balance	$	317 62

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
			$
7/12/44	By Payment	$ 20.00	$
7/20/44	" "	$ 297 62	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Casket No. 9389
Size 6/3
Covering 220
Description Nyberg of Bro. Baronial 4850-3x0-Hdls

Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

270

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 11 19 44

Name of Deceased Wm. Frederick Steinkamp

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 668 Fulton St. S.F. ☐Husband ☐Wife ☐Widow } .....

Charge to Gantner Felder Kenny or..... .....of } Age of Husband or Wife (if living).....Years

Address S.F.

Order given by above (or informant)

How Secured

If Veteran, State War none

Occupation Deputy Sheriff 551-26-6195 (Social Security Number)

Employer and Address City & Co. S.F.

Date of Death July 11, 1944 (Date) 1:45 A.M. (Hour)

Date of Birth Dec. 24, 1881

Age 62 (Years) 6 (Months) 17 (Days)

Date of Funeral July 15 (Date) Sat. (Day of Week) 10 A.M. (Hour)

Services at Chapel

Clergyman Redman Lodge Sonoma (Address)

Religion of the Deceased

Birthplace Germany

Resided in the State 38 yrs. (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Old Occlusion of Left Coronary

Contributory Causes Artery With Old Myocardial infarction & Acute Myocardial failure

Certifying Physician John J. Kingston M.D. (or Coroner)

His Address Coroners Office S.F.

Name of Father Frederick W. Steinkamp

His Birthplace Germany

Maiden Name of Mother Unknown

Her Birthplace Germany

Motor / Ship } Remains to Brought from Gantner Felder Kenny S.F.

Size of Casket #9289 cov #220 Extra XX – (State Color and Number)

Manufactured by S.F.

Cemetery / Crematory } Mt. Cem. Sonoma, Cal.

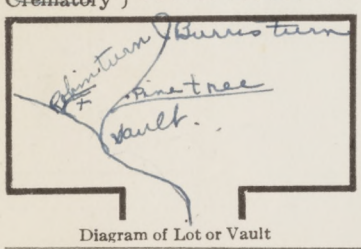


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket Chapel Service Conducting funeral	25	–
Burial Vault or Box (State Kind)	15	38
Embalming Body (Name of Embalmer) Skarra	15	
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $ Boy 15.00		
Folding Chairs, $..... Tarpaulin, $ Glass 2.50		
Candelabrum, $..... Candles, $ Marker 2.50		
Door Spray, $ ..... Gloves, $ 20.00	2	50
Funeral Car, $..... Ambulance, $ 20.00 10.00		
Limousines to Cemetery ..... @ $ Flo. 5000		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to Grave Marker	2	50
Trip to Coroner's Inquest		
Delivering Box to Grave Lining & device	5	00
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	4	00
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb	40	–
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad / or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service.. Extra Car	10	–
.....		
....line Death Notices in .....Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$ 119	38
Less Mrs. Grunstead, Organist	$ 2	50
Balance	$ 121	88
Entered into Ledger, page .....or below. Sacramento Bee	4	–
	125	88

Date		Amount Paid	Balance	Date		Amount Paid	Balance
7/14/44	To Above Balance Took Statement Gantner Felder Kenny.	$	$		To Balance Forward		$
	By Payment	$	$	7/26/44	By Payment Grunstead	125 88	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

271

Total No..... Yearly No..... Date of Entry July 14 1944

Name of Deceased Christine Suhr white

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence R 7 0 B 4 5 4 4 Sonoma ☐Husband ☐Wife ☐Widow } George 60

or..... of } Age of Husband or Wife (if living) Years

Charge to George Suhr

Address Abbave

Order given by himself (or informant)

How Secured

If Veteran, State War none

Occupation Housewife none (Social Security Number)

Employer and Address

Date of Death July 14, 1944 (Date) 10:50 P.M. (Hour)

Date of Birth Nov. 9, 1883

Age 60 (Years) 8 (Months) 5 (Days)

Date of Funeral July 19 (Date) Wed (Day of Week) 10 (Hour) A.M.

Services at Chapel

Clergyman Mrs. James Christian Science (Address)

Religion of the Deceased

Birthplace Germany

Resided in the State 21 yrs. (or U. S. or City or County) (Years) (Months)

Place of Death Victory Hospital

Cause of Death Gastric Hemorrhage

Contributory Causes Carcinoma of Stomach

Certifying Physician C. B. Andrews MD (or Coroner)

His Address Sonoma Calif.

Name of Father Detlef Schmidt

His Birthplace Germany

Maiden Name of Mother Unknown

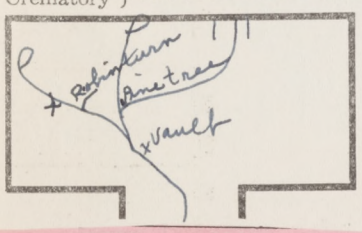
Her Birthplace Germany

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Mt. Cem Sonoma



Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 330	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery @ $ 1/2 = 165.00		
Extra Limousines @ $ 15.00		
Autos to R. R. Station @ $ 180.00		
Getting Remains from 90.00		
Taking Remains to		
Trip to Coroner's Inquest Inf. 4.50.00		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	6	-
Certif. Copies of Death Certificates No.		
Pall Bearer Service, $ ... Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot 2 posts @ 1.00	2	00
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb	38	00
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Inder. Tribune	2	56
line Death Notices in Papers (Names of Newspapers)		
Themeglas, Mrs James, Reader, Mrs Grinslead, Organist, Singing	5	00
	4	50
Sales Tax		
Total Footing of Bill	$ 403	06
Less 17.25 30 days	$ 17	25
Balance	$ 385	81
Entered into Ledger, page ... or below.		

Casket No. 9389
Size 6/3
Covering 222
Description Shark of pink back Carol 4850-3x0-Tint Hdls

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
7/21/44	In full	$ 385 81	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed ...

Witness ... Address ...

Compiled by F. J. FEINEMAN, St. Louis, Mo.

272

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry July 21 1944

Name of Deceased Esther Kubie White

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Glen Ellen, Caly ☐ Husband ☐ Wife ☐ Widow } Charles

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Charles Kubie

Address Glen Ellen, Caly

Order given by Mrs. Henry Smith (Sister)
(or informant)

How Secured 246 Laurel St., S.F.

If Veteran, State War none

Occupation Housewife none
(Social Security Number)

Employer and Address

Date of Death July 21, 1944
(Date) (Hour)

Date of Birth Dec 24, 1867

Age 76 (Years) 6 (Months) 27 (Days)

Date of Funeral July 24 (Date) Monday (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev. Champlin
(Address)

Religion of the Deceased

Birthplace Caly

Resided in the State Life
(or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Coronary Thrombosis

Contributory Causes Chr. Myocarditis
Coronary Sclerosis

Certifying Physician C. B. Andrews M.D.
(or Coroner)

His Address Sonoma, Caly

Name of Father Daniel J. Chapman

His Birthplace Ireland

Maiden Name of Mother Annie Mahoney

Her Birthplace Mass

Motor / Ship } Remains to

Size of Casket 6/3 #9389A Cov #220
(State Color and Number)

Manufactured by S.F.

Cemetery / Crematory } Mt. Olivet Sonoma

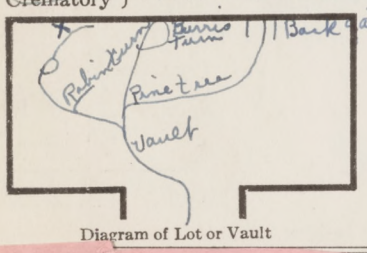


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	295 -
Casket		
Burial Vault or Box (State Kind)		15 -
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress 6.00 - 24.15 (State Kind and Color)		6 15
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $ 1/2 = 147.50		
Extra Limousines ..... @ $ 7.50 15.00		
Autos to R. R. Station ..... @ $ Chas. 6.00		
Getting Remains from 168.50		
Taking Remains to 168.50		
Trip to Coroner's Inquest 8.425		
Delivering Box to 4.21.25		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		6 -
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 4 posts @ 1.00		4 00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		38 00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Posted, Index		2 56
line Death Notices in ..... Papers		
Rev. Champlin (Names of Newspapers)		5 00
Singers, themselves		
Sales Tax		4 06
Total Footing of Bill	$	375 77
Less 15 50 30 days	$	15 50
Balance	$	360 27

Entered into Ledger, page ..... or below.

Casket No. 9389 A
Size 6/3
Covering #220 S7.
Description Nyberg of Bro Bar 4850 3x0 Hdles

Amount Paid	Balance	Date		Amount Paid	Balance
	$	7/21/44	To Balance Forward		$
	$	8/1/44 -	By Payment —	$ 100 -	$
	$		" Trueful	$ 260 25	$
	$		" "	$	$
	$		" "	$	$
	$		" "	$	$
	$		" "	$	$

7/24/44 Took Statement —

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

F 273

Total No. ..... Yearly No. ..... Date of Entry July 25 1944

Name of Deceased Joseph Benedetto White

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Cazes Resort Fetters Springs ☐Husband ☐Wife ☐Widow } Anna 44

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Anna Benedetto

Address 1227 Union St. San Francisco

Order given by above (or infor

How Secured

If Veteran, State War Nav

Occupation Taxi driver

Employer and Address

Date of Death July 25, 19 (Date)

Date of Birth May 10, 18

Age 47 (Years) 2 (Months)

Date of Funeral July 28 (Date) Fr (Day of W

Services at St. Francis

Clergyman

Religion of the Deceased Cathe

Birthplace New York

Resided in the State (or U. S. or City or

Place of Death G. O. F. Club

Cause of Death Coronary

Contributory Causes Arterio

Certifying Physician Vernon S (or C

His Address Santa Rosa

Name of Father Rocco Be

His Birthplace Italy

Maiden Name of Mother Unk

Her Birthplace Italy

Motor / Ship } Remains to

Size of Casket 6/3 H.P. Silver Gray (State Color

Manufactured by Eastern Interior

Cemetery / Crematory } Mt. Olivet Sono

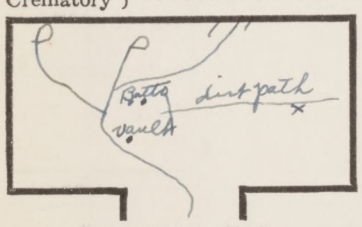


Diagram of Lot or Vault

Lot

Grav

Secti

Bloc

Owne

Complete Funeral (except outlays)	$ 434 —
	15 —
	217.00
	15.00
	3.200
	2.00
	6.00
	10.000
	4.00
	4.00
	35.00
	5.76
Paper	1.00
	15.00
	5.80
	$ 519 56
	22 45
Balance	$ 497 11

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
8/8/44	Statement to Wife						
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	Aug. 14	By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" In full	$ 497 —	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

272

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 21 1944

Name of Deceased Esther Kubie (What Race) White

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Glen Ellen, Caly

☐ Husband ☐ Wife ☐ Widow } Charles
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Charles Kubie

Address Glen Ellen, Caly

Order given by Mrs. Henry Smith (Sister)
(or informant)

How Secured 246 Laurel St., S.F.

If Veteran, State War none

Occupation Housewife none
(Social Security Number)

Employer and Address

Date of Death July 21, 1944
(Date) (Hour)

Date of Birth Dec 24, 1867

Age 76 (Years) 6 (Months) 27 (Days)

Date of Funeral July 24 (Date) Monday (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev. Champlin
(Address)

Religion of the Deceased

Birthplace Caly

Resided in the State Lyf (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Coronary Thrombosis

Contributory Causes Chr. Myocarditis
Coronary Sclerosis

Certifying Physician G. B. Andrews M.D.
(or Coroner)

His Address Sonoma, Caly

Name of Father Daniel J. Chapman

His Birthplace Ireland

Maiden Name of Mother Annie Mahoney

Her Birthplace Mass.

Motor Ship } Remains to

Size of Casket 6/3 #9389 A Cav #220
(State Color and Number)

Manufactured by S.F.

Cemetery Crematory } Mt. Glen Sonoma

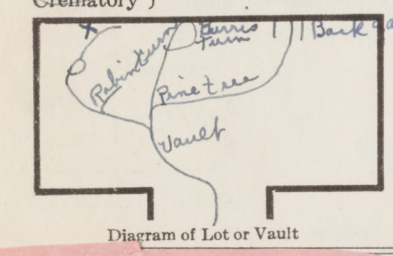


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 295	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress 6.00 - 24.15 (State Kind and Color)	6	15
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $ 4 = 147.50		
Extra Limousines ..... @ $ 7	15	00
Autos to R. R. Station ..... @ $ 2 cars	6	00
Getting Remains from	168.50	
Taking Remains to	168.50	
Trip to Coroner's Inquest	8.425	
Delivering Box to	421.25	
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	6	-
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 4 posts @ 1.00	4	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	38	00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Posted; Index	2	56
line Death Notices in ..... Papers		
Rev. Champlin	5	00
Singer, themselves (Names of Newspapers)		
	4	06
Sales Tax		
Total Footing of Bill	$ 375	77
Less 15.50 30 days	$ 15	50
Balance	$ 360	27

Entered into Ledger, page ..... or below.

Casket No. 9389 A
Size 6/3
Covering #220
Description Nyberg of Bro Bar 4850 3x0 Hdles

Date		Amount Paid	Balance
	To Balance Forward		$
7/21/44	By Payment —	$ 100 -	$
8/1/44 -	" Trufull	$ 260 25	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

7/24/44 Took Statement —

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

F 273

Total No. ..... Yearly No. ..... Date of Entry July 25 1944

Name of Deceased Joseph Benedetto White

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Cazes Resort Fetters Springs ☐Husband ☐Wife ☐Widow } Anna 44

Charge to Mrs. Anna Benedetto or ..... of } Age of Husband or Wife (if living) ..... Years

Address 1227 Union St. San Francisco | Complete Funeral (except outlays) ..... $ | 434 | —

Order given by above (or infor

How Secured

If Veteran, State War Nor

Occupation Taxi driver

Employer and Address

Date of Death July 25, 19 (Date)

Date of Birth May 10 18

Age 47 (Years) 2 (Months)

Date of Funeral July 28 (Date) Fr (Day of W

Services at St. Francis

Clergyman

Religion of the Deceased Cathe

Birthplace New York

Resided in the State (or U. S. or City or

Place of Death G. O. F. Club

Cause of Death Coronary

Contributory Causes Arterio

Certifying Physician Vernon S (or C

His Address Santa Rosa

Name of Father Rocco Be

His Birthplace Italy

Maiden Name of Mother Unk

Her Birthplace Italy

Motor / Ship } Remains to

Size of Casket 63 H.P. Silver

Manufactured by Eastern Interstate (State Color

Cemetery / Crematory } Mt. Cem. Sono

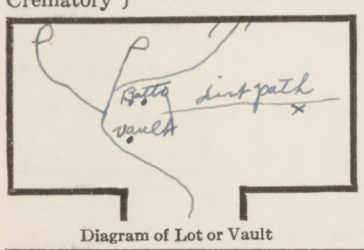


Diagram of Lot or Vault

Lot

Grav

Secti

Block No.

Owner

Balance 0 | $ | 491 | 11

Entered into Ledger, page ..... or below.

TELEPHONE 43

Bates and Evans

Funeral Directors

SONOMA, CALIFORNIA

July 26

Received of Coroner's office the following articles to wit.

Money $115.58

Wrist watch —

Gold ring —

Gas. stamps.

Wallet

Glls. Auto sticker —

Daughter — Virginia — Florence Benedetto

Dated — July 26, 1944

Date		Amount Paid	Balance	Date		Amount Paid	Balance
8/8/44	Statement to Wife				To Balance Forward		
	To Above Balance			Aug. 14	By Payment		
	By Payment				" "		
	" "				" " In full	$ 491 —	
	" "				" "		
	" "				" "		
	" "				" "		
	" "				" "		

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

274

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 24 1944

Name of Deceased Angelo Alexander Camargo White

☑ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Eldridge State Home ☐Husband ☐Wife ☐Widow of..... Age of Husband or Wife (if living).....Years

Charge to Paaske Mortuary

Address Santa Ynez Caly

Order given by above (or informant)

How Secured

If Veteran, State War none

Occupation None None (Social Security Number)

Employer and Address

Date of Death July 24 1944 5:38 PM (Date) (Hour)

Date of Birth Jan 2 1927

Age 17 (Years) 6 (Months) 23 (Days)

Date of Funeral Shipped (Date) to Paaske (Day of Week) Mortuary (Hour)

Services at above

Clergyman Priest, At Grave (Address)

Religion of the Deceased

Birthplace Buellton, Caly

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma State Home

Cause of Death Broncho-pneumonia

Contributory Causes Idiocy

Certifying Physician J. Williams (or Coroner)

His Address So. State Home

Name of Father Angelo A. Camargo

His Birthplace Santa Ynez Caly

Maiden Name of Mother Serena F. Garcia

Her Birthplace Santa Ynez Caly

Motor Ship } Remains to Jamestan Caly

Size of Casket 40 (State Color and Number)

Manufactured by

Cemetery ~~Crematory~~ } Catholic Cem. Sonoma, Caly

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	145 -
Casket		
Burial Vault or Box (State Kind)		15 -
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $ 1/2 = 12.50		
Autos to R. R. Station ..... @ $ 2 = 15.00		
Getting Remains from 87.50		
Taking Remains to 87.50		
Trip to Coroner's Inquest 43.75		
Delivering Box to		
Deliver Flowers to 218.75		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		2 19
Total Footing of Bill	$	152 -
Less 8 10% Cash	$	
Balance	$	

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	8/2/44	By Payment	$ 152 -	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Albert Falk. funeral director, Port Huron, mich. 275

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry ~~Aa~~ July 31 19 44

Name of Deceased Charles L. Jet (What Race) White

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Boyce Springs Wayners Camp ☐Husband ☐Wife ☐Widow } Myrta

Charge to Mrs. Myrta L. Jet or.....of } Age of Husband or Wife (if living).....Years

Address 5951 midway park Chicago Ill

Order given by Hersely (or informant)

How Secured

If Veteran, State War world war #1

Complete Funeral (except outlays)	$	375	-
Casket			
Burial Vault or Box (State Kind)		15	-
Embalming Body (Name of Embalmer)			
Barber, $..... Hair Dressing, $			
Dressing Body, $..... Underwear, $			

RECEIVED FROM BATES AND EVANS, FUNERAL DIRECTORS THE FOLLOWING, TO WIT

Folder, containing Operator's License, Calif.
Leginor card
Social Secty. No.
Wallet
Wrist Watch
Automobile Registration Card
Gas ration stamps
War ration book # 2-3-4 & 84

Dated. August 4. 1944

Myrta L. Jet Wife

His Address .....

Name of Father Charles Jet

His Birthplace Port Huron, Mich

Maiden Name of Mother Rhoda Harder

Her Birthplace Unknown, Mich

Motor Ship } Remains to Port Huron Mich

Size of Casket #9585 Tan Broadcloth - (State Color and Number)

Manufactured by S & F

Cemetery Crematory } Shipped to Michigan

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Lining Grave, $..... Lowering Device, $			
Outlay for Shipping Charges			
Clergyman, $..... Singers, $..... Organist, $			
Railroad or Motor } Tickets, $..... Aeroplane Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service			
.....			
....line Death Notices in.....Papers			
(Names of Newspapers)			
Sales Tax			
Total Footing of Bill	$	390	-
Less	$		
Balance	$		
Entered into Ledger, page .....or below.			

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward		$
	By Payment	$	$	8/4/44	By Payment Myrta Jet	$100 -	$
	" "	$	$	8/19/44	" " " "	$390	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

274

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 24 1944

Name of Deceased Angelo Alexander Camargo White

☑ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Eldridge State Home ☐Husband ☐Wife ☐Widow } or.....of } Age of Husband or Wife (if living).....Years

Charge to Paaske Mortuary

Address Santa Ynez Calif

Order given by above (or informant)

How Secured

If Veteran, State War none

Occupation None None (Social Security Number)

Employer and Address

Date of Death July 24 1944 5:38 PM (Date) (Hour)

Date of Birth Jan 2 1927

Age 17 (Years) 6 (Months) 23 (Days)

Date of Funeral Shipped to Paaske Mortuary (Date) (Day of Week) (Hour)

Services at above

Clergyman Priest, At Grave (Address)

Religion of the Deceased C

Birthplace Buellton, Calif

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma State Home

Cause of Death Broncho-pneumonia

Contributory Causes Idiocy

Certifying Physician J. Williams (or Coroner)

His Address So. State Home

Name of Father Angelo A. Camargo

His Birthplace Santa Ynez, Calif

Maiden Name of Mother Serena F. Garcia

Her Birthplace Santa Ynez, Calif

Motor Ship } Remains to Davis Calif

Size of Casket No. (State Color and Number)

Manufactured by

Cemetery Crematory } Catholic Cem. Sonoma, Calif

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	145 -
Casket		
Burial Vault or Box (State Kind)		15 -
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $ 1/2 = 72.50		
Autos to R. R. Station ..... @ $ M 15.00		
Getting Remains from 87.50		
Taking Remains to 87.50		
Trip to Coroner's Inquest 43.75		
Delivering Box to		
Deliver Flowers to 218.75		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
....line Death Notices in .....Papers (Names of Newspapers)		
Sales Tax		2 19
Total Footing of Bill	$	152 -
Less 10% Cash	$	
Balance	$	

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	8/2/44	By Payment	$ 152 -	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Albert Falk. funeral director, Port Huron, mich. 275

RECORD OF FUNERAL

Age ..... (Years) ..... (Months) ..... (Days)

Date of Funeral ..... (Date) Removal (Day of Week) ..... M. (Hour)

Services at Port Huron, Mich

Clergyman ..... (Address)

Religion of the Deceased

Birthplace Port Huron, Mich

Resided in the State 18 mo. (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Coronary Occlusion

Contributory Causes Coronary

Arteriosclerosis

Certifying Physician Wm. J. Newman M.D. (or Coroner)

His Address Sonoma Calif

Name of Father Charles Jet

His Birthplace Port Huron Mich

Maiden Name of Mother Rhoda Harder

Her Birthplace Unknown Mich

Motor / Ship } Remains to Port Huron Mich

Size of Casket #9585 Tan Broadcloth (State Color and Number)

Manufactured by S F

Cemetery / Crematory } Shipped to Michigan

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Funeral Car, $ ..... Ambulance, $			
Limousines to Cemetery ..... @ $			
Extra Limousines ..... @ $			
Autos to R. R. Station ..... @ $	1/2	18	50
Getting Remains from ..... Pt		15	00
Taking Remains to		20	50
Trip to Coroner's Inquest		20	50
Delivering Box to		10	25
Deliver Flowers to			
Removal Charges		50	25
Procuring Burial Permit (State Number and District)			
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)			
Pall Bearer Service, $ .... Use of Chapel, $			
Gross Total for Sales Tax	$		
Outlay for Lot			
Cremation			
Flowers, $ ..... Palms, $ ..... Matting, $			
Rental of Tent, $ .... of Temporary Vault, $			
Opening of Grave or Tomb			
Lining Grave, $ ..... Lowering Device, $			
Outlay for Shipping Charges			
Clergyman, $ ..... Singers, $ .... Organist, $			
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service			
.... line Death Notices in ..... Papers (Names of Newspapers)			
Sales Tax			
Total Footing of Bill	$	390	-
Less	$		
Balance	$		

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	8/4/44	By Payment Myrtle Jet	$ 100 -	$
	" "	$	$	8/19/44	" " " "	$ 390	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

276

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Aug 3 1944

Name of Deceased Mary Lucille Lopes White

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Sonoma Rural ☐Husband ☐Wife ☐Widow or.....of } Age of Husband or Wife (if living).....Years

Charge to Mrs. Helen M. Lopes

Address Rt. 1. Bx. 603 Sonoma

Order given by Mr & Mrs Geo. Watson (Sister)
(or informant)

How Secured 39711 Sonoma

If Veteran, State War —

Occupation none none
(Social Security Number)

Employer and Address

Date of Death Aug. 3. 1944 (Date) 12:50 a.m. (Hour)

Date of Birth July 3, 1944

Age 1 (Years) (Months) (Days)

Date of Funeral Aug 5 (Date) Sat (Day of Week) 10:30 A.M. (Hour)

Services at Grace

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Sonoma, Calif

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death So. Co. Hospital

Cause of Death Broncho Pneumonia

Contributory Causes

Certifying Physician Harding Clegg M.D. (or Coroner)

His Address 816 4th St. Santa Rosa

Name of Father Harold Lopes

His Birthplace Hawaiian Island

Maiden Name of Mother Helen Smith

Her Birthplace Merced, Calif

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Catholic Cem. Sonoma

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 55	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $ 1/2 = 27.50		
Folding Chairs, $ ... Tarpaulin, $ 2.75		
Candelabrum, $ ... Candles, $ 13.75		
Door Spray, $ ... Gloves, $ 6.75		
Funeral Car, $ ... Ambulance, $ 1		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... 1 ... @ $		
Getting Remains from Santa Rosa	15	-
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 1 Grace	5	00
Cremation ... C		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb	7	00
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced /		
Out of town Undertaker's Charges		
Personal Service		
Priest	2	50
...line Death Notices in ... Papers (Names of Newspapers)		
Sales Tax		69
Total Footing of Bill	$ 85	19
Less 2.50 20 days	$ 3	50
Balance	$ 81	69

Entered into Ledger, page ... or below.

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
8/3/44	Evelyn Watson	$ 20 00	$
8/22/44	Mrs H. Lopez	$ 20 -	$
	" "	$	$
9/19/44	Mrs H. Lopez	$ 45 69	$
	" Full (G)	$ 81 69	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

277

Total No..... Yearly No..... Date of Entry August 6 19 44

Name of Deceased Mary Ferguson (What Race) white

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Eldridge ☐ Husband ☐ Wife ☐ Widow } Eugene L.

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Eugene L. Ferguson

Address

Order given by Mrs. Beth Mitchell daughter (or informant)

How Secured Rt. 1 Bx. 398 San Jose, Calif.

If Veteran, State War

Occupation Housewife none (Social Security Number)

Employer and Address

Date of Death Aug. 6 1944 4 A.M. (Date) (Hour)

Date of Birth July 18, 1873

Age 71 (Years) (Months) 18 (Days)

Date of Funeral Aug 10, Thurs. 10 A.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. Champlin (Address)

Religion of the Deceased

Birthplace Kansas

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death General Hospital S.R.

Cause of Death Pulmonary Embolism

Contributory Causes Rt. Nephrectomy for Tumor

Certifying Physician (or Coroner)

His Address

Name of Father James L. Davis

His Birthplace Ill.

Maiden Name of Mother Hannah Van Dorn

Her Birthplace Ill.

Motor Ship } Remains to

Size of Casket 73 #6006 Shade 851 plat Arcola (State Color and Number)

Manufactured by Calif. C. Co.

Cemetery Crematory } Chapel of the Chimes Santa Rosa

Complete Funeral (except outlays)	$	210 -
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $ 1/2 = 155.00		
Extra Limousines ..... @ $ 155.00		
Autos to R. R. Station ..... @ $ 7.50		
Getting Remains from 3.87.50		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45 -
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Democrat & Rep.		2.00
....line Death Notices in ..... Papers (Names of Newspapers) Rev. Champlin themselves:		
music & Organist -		
		4 65
	$	361 65
days	$	15 50
Balance	$	346 15

page ..... or below.

Statement Aug 14, 1944.

Received the following articles of jewelry, belonging to Mary Ferguson, from the Bates & Evans Funeral Home:

One Wedding ring,
One diamond ring
One set ear rings
One dress pin.

Dated ... August .. 10 1944

Signed Mrs. Verner E. Allen

	Amount Paid	Balance
Balance Forward	$	$
Payment	$	$
"	$ 346 15	$
"	$	$
"	$	$
"	$	$
"	$	$
"	$	$

...ice
...nies.....
...ailable to.....
(Firm Name of Funeral Directors.)
...days from date. Interest to accrue from

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

276

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Aug 3 1944

Name of Deceased Mary Lucille Lopes White

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Sonoma Rural ☐Husband ☐Wife ☐Widow or.....of } Age of Husband or Wife (if living).....Years

Charge to Mrs. Helen M. Lopes

Address Rt. 1. Bx. 603 Sonoma

Order given by Mr & Mrs Geo. Watson (Sister) (or informant)

How Secured 39711 Sonoma

If Veteran, State War —

Occupation none (Social Security Number) none

Employer and Address

Date of Death Aug. 3, 1944 (Date) 12:50 a.m. (Hour)

Date of Birth July 3, 1944

Age 1 (Years) (Months) (Days)

Date of Funeral Aug 5 (Date) Sat (Day of Week) 10:30 A.M. (Hour)

Services at Grave

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Sonoma, Calif

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death So. Co. Hospital

Cause of Death Broncho Pneumonia

Contributory Causes.....

.....

Certifying Physician Harding Clegg M.D. (or Coroner)

His Address 816-4th St. Santa Rosa

Name of Father Harold Lopes

His Birthplace Hawaiian Island

Maiden Name of Mother Helen Smith

Her Birthplace Merced, Calif

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Catholic Cem. Sonoma

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 55	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $ 1/2 = 27.50		
Folding Chairs, $ ... Tarpaulin, $ 27.50		
Candelabrum, $ ... Candles, $ 13.75		
Door Spray, $ ... Gloves, $ 6.75		
Funeral Car, $ ... Ambulance, $ 1		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... 1 ... @ $		
Getting Remains from Santa Rosa	15	-
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 1 Grave	5	00
Cremation ... Ø		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb	7	00
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced /		
Out of town Undertaker's Charges		
Personal Service		
Priest	2	50
...line Death Notices in ... Papers (Names of Newspapers)		
Sales Tax		69
Total Footing of Bill	$ 85	19
Less 2.50 2 days	$ 3	50
Balance	$ 81	69

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
8/3/44	Evelyn Watson	$ 20 00	$
8/22/44	Mrs H. Lopez	$ 20 -	$
	" "	$	$
9/19/44	Mrs H. Lopez	$ 45 69	$
	" Full Ø	$ 81 69	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Return This Label for Duplicate

RECORD OF FUNERAL

277

Total No..... Yearly No..... Date of Entry ..August 6.....19..44

Name of Deceased ..Mary..Ferguson..... (What Race) ..white.....

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence ..Eldridge..... ☐Husband ☐Wife ☐Widow } ..Eugene..L.....

or.....of } Age of Husband or Wife (if living).....Years

Charge to ..Eugene L. Ferguson.....

Address.....

Order given by ..Mrs. Beth Mitchell daughter.....
(or informant)

How Secured ..Rt. 1. Bx. 398. San Jose, Calif.....

If Veteran, State War.....

Occupation ..Housewife..... none
(Social Security Number)

Employer and Address .....

Date of Death ..Aug. 6. 1944..... 4 A.M.
(Date) (Hour)

Date of Birth ..July 18, 1873.....

Age ..71..... 7..... 18.....
(Years) (Months) (Days)

Date of Funeral ..Aug 10, Thurs..... 10 A.M.
(Date) (Day of Week) (Hour)

Services at ..Chapel.....

Clergyman ..Rev. Champlin.....
(Address)

Religion of the Deceased.....

Birthplace ..Kansas.....

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death ..General Hospital S.R.....

Cause of Death ..Pulmonary Embolism.....

Contributory Causes ..Rt. Nephrectomy for Tumor.....

.....

Certifying Physician.....
(or Coroner)

His Address.....

Name of Father.....

Diagram of Lot or Vault Owner..... Entered into Ledger, page.....or below.

Complete Funeral (except outlays)	$	210 -
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $ 1/2 = 155.00		
Extra Limousines ..... @ $ 155.00		
Autos to R. R. Station ..... @ $ 7.7.50		
Getting Remains from 3.87.50		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45 -
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
...e or Tomb		
.....Lowering Device, $		
...ng Charges		
..Singers, $.... Organist, $		
..... Aero-plane Service, $		
...ble or Radio Charges		
...rtaker's Charges		
...mocrat & Rep.		2 00
...ices in..... Papers		
...Champlin Themselves		
...es of Newspapers)		
...& Organist -		
		4 65
...	$	36.1 65
...days	$	1.5 50
Balance	$	34.6 1.5

Amount Paid	Balance	Date		Amount Paid	Balance
	$		To Balance Forward		$
	$		By Payment	$	$
		9/5/44	" "	$ 246.75	$
			" "	$	$
			" "	$	$
			" "	$	$
			" "	$	$
			" "	$	$

Insurance .....Companies.....

...ces Legally available to.....
(Firm Name of Funeral Directors.)

...in.....days from date. Interest to accrue from .....

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Return This Label for Duplicate

SERIAL No. 154

CASKET No. 6006 Size 6/3

COVERING Shade 857 Platinum Arcola

DESCRIPTION Hinged cap 1427 Ivory comet ripple crush.
1 1427 Ivory pomet pillow set, square ripple crush pillow.
1 set 437 3x0 Roman Butler lacquer Ext. handles.
Trim complete.

278

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry August 7 1944

Name of Deceased Guido Locarnini White

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence El Verano, Calif. Rural ☐Husband ☐Wife ☐Widow } Erminia

or.....of } Age of Husband or Wife (if living).....Years

Charge to Mrs. Erminia Locarnini

Address Above

Order given by..... (or informant)

How Secured.....

If Veteran, State War None

Occupation Garage Mechanic None (Social Security Number)

Employer and Address.....

Date of Death August 7, 1944 8 P.M. (Date) (Hour)

Date of Birth Jan 6. 1877

Age 67 (Years) 7 (Months) 1 (Days)

Date of Funeral August 11 Fri (Date) (Day of Week) 1 P.M. (Hour)

Services at St Francis Church

Cler...

Relig...

Birt...

Resi...

Plac...

Cau...

Con...

....

Cert...

His ...

Nam...

His ...

Maic...

Her...

Moto... Ship

Size...

Manufactured by.....

Cemetery / Crematory } Catholic Cem. Sonoma, Calif.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 295 -
Casket	
Burial Vault or Box (State Kind)	15 -
Embalming Body (Name of Embalmer)	
Barber, $..... Hair Dressing, $	
Dressing Body, $..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $..... Hose, $	
Folding Chairs, $..... Tarpaulin, $	
Candelabrum, $..... Candles, $	
Door Spray, $..... Gloves, $	
Funeral Car, $..... Ambulance, $	
Limousines to Cemetery ..... @ $ 1/2 = 14750	
Extra Limousines ..... @ $ 1/2 = 15.00	
Autos to R. R. Station ..... @ $ 16250	
..... from	16250
.....	8125
Inquest	40625
.....	
.....	
.....	
ermit ..... (State Number and District)	
Death Certificates No. ..... (State Physician's or Coroner's)	
, $..... Use of Chapel, $	
es Tax	$
.....	
.....	
lms, $..... Matting, $	
..of Temporary Vault, $	
or Tomb	15 00
...Lowering Device, $	
g Charges	
Singers, $..... Organist, $	
..... Aero-plane Service, $	
le or Radio Charges	
.....	
taker's Charges	
Enquirer-Herald	2 50
Mass	15 -
....line Death Notices in ..... Papers	
Posted, Index	2 56
(Names of Newspapers) Rem. Rep.	2 00
.....	
Sales Tax	4 06
Total Footing of Bill	$ 351 12
Less 15% 30 days.	$
Balance	$
Entered into Ledger, page.....or below.	

X

WILLIAM J. NEWMAN, M. D.

X-RAY LABORATORY — PHYSICIAN AND SURGEON — U. S. REG. NO. 3233

OFFICE PHONE, 102 — RESIDENCE PHONE, 154

OFFICE, WEST NAPA NEAR SECOND STREET WEST; — SONOMA, CALIFORNIA

For _____ Date 8-8-44

Address _____

℞

I hereby grant permission to Dr. Wm J Newman to perform an autopsy examination on my husband Guido Locarnini

Witness

Henry R. Locarnini

Jane Locarnini

Erminia Locarnini

	Amount Paid	Balance	Date		Amount Paid	Balance
		$		To Balance Forward		$
		$		By Payment	$	$
		$	August 14, 1944	" "	$ 351 12	$
				" "		$
				" "		$
				" "		$
			Oct 6 44	Check #3590 Given for disc		

Casket No. 345 HP
Size 6/3
$7.
Covering #238
749 Brace
Pebble Panel & Rd Pillow
Lined Stanwyx Pillow Set
Description 353 3x0 Spt Handles

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

279

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry August 13 19 44

Name of Deceased Kenneth Wayne Baldwan White

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence.....

☐ Husband ☐ Wife ☐ Widow } .....
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Harold Baldwan

Address Box 23 Sonoma

Order given by Mrs. A Barsi (mother)
(or informant)

How Secured.....

If Veteran, State War.....

Occupation none none
(Social Security Number)

Employer and Address.....

Date of Death August 13 44
(Date) (Hour)

Date of Birth August 13 —

Age Stillborn
(Years) (Months) (Days)

Date of Funeral Aug 15 10:30 A.M.
(Date) (Day of Week) (Hour)

Services at Graveside —

Clergyman none
(Address)

Religion of the Deceased.....

Birthplace Napa Calif

Resided in the State.....
(or U. S. or City or County) (Years) (Months)

Place of Death Victory Hospital

Cause of Death Marginal Separation of Placenta

Contributory Causes.....

Cord preceded head

Certifying Physician A. K. McGrath MD
(or Coroner)

His Address Sonoma Calif

Name of Father Harold F. Baldwan

His Birthplace Calif

Maiden Name of Mother Lillian Barsi

Her Birthplace Sonoma Calif

Motor / Ship } Remains to.....

Size of Casket.....
(State Color and Number)

Manufactured by.....

Cemetery / Crematory } Catholic Cem. Sonoma

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	45 —
Casket		
Burial Vault or Box (State Kind)		10 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $ 1½ = 22.50		
Autos to R. R. Station ..... @ $ 5 = 10.00		
Getting Remains from Napa 32.50		15 —
Taking Remains to 32.50		
Trip to Coroner's Inquest 16.25		
Delivering Box to 8.125		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 1 Grave		5 00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		7 —
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.... line Death Notices in ..... Papers (Names of Newspapers)		
		81
Sales Tax		81
Total Footing of Bill	$	82 81
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	August 16	By Payment	$ 82 81	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

278

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry August 7 1944

Name of Deceased Guido Locarnini White

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence El Verano, Calif. Rural ☐Husband ☐Wife ☐Widow } Erminia

or.....of } Age of Husband or Wife (if living).....Years

Charge to Mrs. Erminia Locarnini

Address Above

Order given by

How

If Ve

Occu

Emp

Date

Date

Age.

Date

Serv

Cler

Reli

Birt

Resided in the State 7 5 (or U. S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death Broncho pneumonia

Contributory Causes Tuberculosis Active

Certifying Physician Wm J. Newman M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father Unknown Locarnini

His Birthplace Switzerland

Maiden Name of Mother Unknown

Her Birthplace Switzerland

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Catholic Cem. Sonoma, Calif

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	295 -
Casket		
Burial Vault or Box (State Kind)		15 -
(Name of Embalmer)		
...Hair Dressing, $		
.....Underwear, $		
(State Kind and Color)		
.....Hose, $		
.....Tarpaulin, $		
.....Candles, $		
.....Gloves, $		
....Ambulance, $		
etery.....@ $ 1/2 = 147.50		
.....@ $ 1/2 = 15.00		
ion.....@ $ 1.62.50		
om..... 1.62.50		
..... 8125		
nquest 40625		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No.		
Pall Bearer Service, $.... Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $.....Palms, $.....Matting, $		
Rental of Tent, $....of Temporary Vault, $		
Opening of Grave or Tomb		15 00
Lining Grave, $.....Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $.....Singers, $....Organist, $		
Railroad or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Tenc Herald		2 50
Valley Mass		15 -
....line Death Notices in.....Papers		
posted, Index (Names of Newspapers)		2 56
Rem & Rep		2 00
Sales Tax		4 06
Total Footing of Bill	$	351 12
Less 15 50 30 days.	$	
Balance	$	
Entered into Ledger, page.....or below.		

	Amount Paid	Balance	Date		Amount Paid	Balance
		$		To Balance Forward	$	$
		$		By Payment	$	$
		$	August 14, 1944	" "	$ 351 12	$
				" "	$	$
				" "	$	$
				" "	$	$
			Oct 6 44	Check #3590 given for disc	$	$

Casket No. 345 HP
Size 6/3
Covering #238
Description 749 Brace
Pebble Panel & Rd Pillow
Lined Stanwyx Pillow Set
353 3x0 Spt Handles

S 7.

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

279

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry August 13 19 44

Name of Deceased Kenneth Wayne Baldwan White

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence.....

☐ Husband ☐ Wife ☐ Widow } .....
or.....of } Age of Husband or Wife (if living).....Years

Charge to Mrs. Harold Baldwan

Address Box 23 Sonoma

Order given by Mrs. A Barsi (mother)
(or informant)

How Secured.....

If Veteran, State War.....

Occupation none none
(Social Security Number)

Employer and Address.....

Date of Death August 13. 44
(Date) (Hour)

Date of Birth August 13. –

Age Stillborn
(Years) (Months) (Days)

Date of Funeral Aug. 15 10:30 A.M.
(Date) (Day of Week) (Hour)

Services at Graveside –

Clergyman none
(Address)

Religion of the Deceased.....

Birthplace Napa Calif

Resided in the State.....
(or U. S. or City or County) (Years) (Months)

Place of Death Victory Hospital

Cause of Death Marginal Separation of

Contributory Causes placenta

Cord preceded head

Certifying Physician A. K. McGrath MD
(or Coroner)

His Address Sonoma Calif

Name of Father Harold F. Baldwan

His Birthplace Calif

Maiden Name of Mother Lillian Barsi

Her Birthplace Sonoma Calif

Motor / Ship } Remains to.....

Size of Casket.....
(State Color and Number)

Manufactured by.....

Cemetery / Crematory } Catholic Cem. Sonoma

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 45	–
Casket		
Burial Vault or Box (State Kind)	10	–
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $ ½ = 22.50	10.00	
Autos to R. R. Station ..... @ $		
Getting Remains from Napa 32.50	15	–
Taking Remains to 32.50		
Trip to Coroner's Inquest 16.25		
Delivering Box to 8.125		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot / Grave	5	00
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb	7	–
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....line Death Notices in.....Papers (Names of Newspapers)		
		81
Sales Tax		
Total Footing of Bill	$ 82	81
Less	$	
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	August 16	By Payment	$ 82 81	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

280

RECORD OF FUNERAL

Total No. 0 Yearly No. 0 Date of Entry August 17 19 44

Name of Deceased James Walter Gallagher White

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Eldridge, Calif. ☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Alice J. Sullivan

Address 2026 Francisco - Berkeley, Calif

Order given by herself (or informant)

How Secured

If Veteran, State War none

Occupation none none (Social Security Number)

Employer and Address

Date of Death Aug. 17, 1944 (Date) 12:30 P.M. (Hour)

Date of Birth June 30, 1885

Age 59 (Years) 1 (Months) 17 (Days)

Date of Funeral Aug. 19 (Date) Sat (Day of Week) 10 A.M. (Hour)

Services at St. Francis (Address)

Clergyman

Religion of the Deceased Catholic

Birthplace San Pablo, Calif

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Life

Cause of Death Ac. Cardiac Dilitation

Contributory Causes Chr. Ans. Fibrillation Chr. Myocarditis

Certifying Physician E. J. Finnerty M.D. (or Coroner)

His Address Eldridge, Calif

Name of Father F. E. Gallagher

His Birthplace Wales

Maiden Name of Mother Margaret Martin

Her Birthplace Canada

Motor Ship } Remains to

Size of Casket #13 - Grey Arm (State Color and Number)

Manufactured by S.F.

Cemetery Crematory } Catholic Cem. Sonoma, Calif

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	145 -
Casket		
Burial Vault or Box (State Kind)		15 -
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit ~~or Dress~~ ..... (State Kind and Color)		15 38
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $ 1/2 = 77.50		
Extra Limousines ..... @ $ ~~1/2~~ 15.00		
Autos to R. R. Station ..... @ $ ~~1/2~~ 15.00		
Getting Remains from 10 25 0		
Taking Remains to 10 25 0		
Trip to Coroner's Inquest 5 12 5		
Delivering Box to		
Deliver Flowers to ~~$~~ 2,56 25		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Grave		10 -
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		15 -
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ ..... Organist, $		
Railroad or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
..... : ~~Flowers~~		~~15 00~~
.... line Death Notices in ..... Papers		
Mass (Names of Newspapers)		15 00
Sales Tax		2 19
Total Footing of Bill	$	217 57
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
8/19/44	Took Statement		
	To Above Balance	$	$
1/15/46	By Payment Letter	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
8/1944	By Western Union	$ 200 -	$
Jan 18, 46	" In full	$ 17 57	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry August 18 1944

Name of Deceased Ethel Bernice Atkins white

☑ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Eldridge, Cal. ☐ Husband ☐ Wife ☐ Widow of Herman C. Atkins

Charge to Herman C. Atkins Age of Husband or Wife (if living)..... Years

Address U.S.M.C. - N.P. Detach. Mare Island

Order given by himself (or informant)

How Secured

If Veteran, State War none

Occupation Attendant (Social Security Number)

Employer and Address So. State Home

Date of Death August 18. 1944 (Date) 12:30 P.M. (Hour)

Date of Birth June 14, 1904

Age 40 (Years) 2 (Months) 4 (Days)

Date of Funeral ..... M.
(Date) (Day of Week) (Hour)

Services at Removal to Missouri

Clergyman (Address)

Religion of the Deceased

Birthplace Missouri

Resided in the State 7 (or U. S. or City or County) (Years) (Months)

Place of Death Eldridge, Cal.

Cause of Death Myocardial failure

Contributory Causes Pulmonary Embolism

Hysterectomy & Appendectomy

Certifying Physician U. K. McGrath M.D. (or Coroner)

His Address Sonoma, Cal.

Name of Father John Anderson

His Birthplace Sweden

Maiden Name of Mother Emma Knoebel

Her Birthplace Missouri

Motor / Ship } Remains to Missouri

Size of Casket 6/3 9 Starr H.P. Walnut (State Color and Number)

Manufactured by S.F.

Cemetery / Crematory } Removal to Missouri

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	490
Casket		
Burial Vault or Box (State Kind)		25 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $ 1/2		245 00
Extra Limousines ..... @ $ 1/2		25 00
Autos to R. R. Station ..... @ $		27 00 0
Getting Remains from		27 00 0
Taking Remains to		13 50 0
Trip to Coroner's Inquest		
Delivering Box to		6 75 0 0
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.... line Death Notices in ..... Papers		
Certified Copy death (Names of Newspapers)		1 00
Sales Tax ~~No tax Outy State~~		6 75
Total Footing of Bill	$	522 75
Less ~~24.50 30 days~~ 25 25	$	25 75
Balance	$	497 00

Entered into Ledger, page ..... or below.

Casket No. 9 Starr HP
Size 6/3

Covering Walnut

Description Ascott Panel & Pillow
Lined Eggchell Crepede Chene
10 Lb Mattress

Amount Paid	Balance	Date		Amount Paid	Balance
	$	8/21/44	To Balance Forward		$
	$		By Payment	$ 497	$
			" "	$	$
			" "	$	$
			" "	$	$
			" "	$	$
			" "	$	$
			" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry August 20 19 44

Name of Deceased John Murillo White

☐ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence Rt 1 Bx 494 Schellville ☐Husband ☐Wife ☐Widow } Unknown

or..... of } Age of Husband or Wife (if living).....Years

Charge to: Louie Causa

Address Rt 1 Bx 496 Schellville

Order given by himself (or informant)

How Secured

If Veteran, State War none

Occupation Retired Mattress Maker none (Social Security Number)

Employer and Address

Date of Death Aug 20, 1944 (Date) 11:40 P.M. (Hour)

Date of Birth Unknown

Age about 75 (Years) (Months) (Days)

Date of Funeral Aug 23 Wed (Date) (Day of Week) 1 P.M. (Hour)

Services at Chapel

Clergyman (Address)

Religion of the Deceased

Birthplace Mexico

Resided in the State 50 (or U. S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death Myocardial failure

Contributory Causes Cerebral Hemorrhage Arteriosclerosis

Certifying Physician A. K. McGrath M.D. (or Coroner)

His Address Sonoma, Caly

Name of Father Unknown Murillo

His Birthplace Mexico

Maiden Name of Mother Unknown

Her Birthplace Mexico

Motor Ship } Remains to

Size of Casket #9585A Tan Brd Cloth H.P. (State Color and Number)

Manufactured by E.T. Casket Co.

Cemetery Crematory } Mt View Mem. Sonoma, Caly

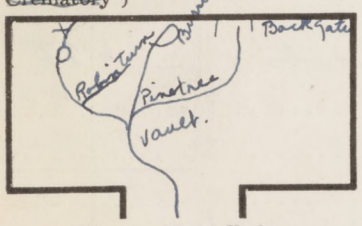

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 375	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $ 1/2 = 187.50		
Extra Limousines ..... @ $ 15.00		
Autos to R. R. Station ..... @ $ 20.25.0		
Getting Remains from 20.25.0		
Taking Remains to 10.1.25		
Trip to Coroner's Inquest		
Delivering Box to 3.06.25		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	6	-
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $ ..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb	35	00
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Flowers (Cross)	10	-
....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax	5	06
Total Footing of Bill	$ 446	06
Less 19.50 30 days	$	
Balance	$	

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance
8/26/44	To Above Balance Statement mailed to Causa	$	$
	By Payment	$	$
	" "	$	$
Nov 2, 1944	filed with GRH	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
Sept 16, 44	By Payment Louie Causa	$ 64 00	$
Oct 28, 44	" " "	$ 50 00	$
	" "	$	$
June 20, 1947	" " full	$ 332 06	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry August 21 1944

Name of Deceased Robert C. Banchero W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Sonoma, Calif. ☐Husband ☐Wife ☐Widow } Elizabeth

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Robert C. Banchero

Address Sonoma, Calif.

Order given by ..... (or informant)

How Secured .....

If Veteran, State War World War #2

Occupation Service (Social Security Number)

Employer and Address .....

Date of Death Aug. 21, 1944 (Date) (Hour)

Date of Birth Unk.

Age 25 (Years) (Months) (Days)

Date of Funeral Aug 23 Wed 10 A M. (Date) (Day of Week) (Hour)

Services at St. Frances

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Napa, Calif.

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Hot Springs, Arkansas

Cause of Death Hodgkins Disease

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father James Banchero

His Birthplace .....

Maiden Name of Mother .....

Her Birthplace .....

Motor Ship } Remains to .....

Size of Casket Shipped With Body (State Color and Number)

Manufactured by .....

Cemetery Crematory } Mt. Eden Sonoma, Calif.

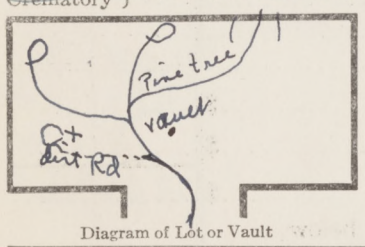

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays) conducting funeral & personal services	$	25 -
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
~~Suit or Dress~~ Grave marker (State Kind and Color)		2 50
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, Basket 2.50		
~~Door Spray, $~~ ..... Gloves, $ Flora 2.50		2 50
Funeral Car, $ ..... Ambulance, $ 5.00		
Limousines to Cemetery ..... @ $ 5.00		
Extra Limousines ..... @ $ 2.50		
Autos to R. R. Station ..... @ $ ~~12.50~~		
Getting Remains from ~~Home~~ Hearse		15 00
Taking Remains to ~~Home~~ R. Car		10 00
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges from S. F.		25 00
Procuring Burial Permit (State Number and District)		6 00
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 4 posts @ 1.00		4 00
Cremation ~~Grave Lining & Lowering Device~~		5 00
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		38 00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service ..... mass		15 00
S. F. Examiner		5 58
....line Death Notices in ..... Papers		
Democrat & Rep. (Names of Newspapers)		2 00
Napa Register		2 50
Index Tribune		2 56
Sales Tax		
Total Footing of Bill	$	160 64
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
9/2/44	To Above Balance Statement to Mrs Rbt. Banchero	$	$
	By Payment	$	$
2/5/46	Statement to Betty Banchers.		
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward	$	$
	By Payment	$	$
3-12 46	Our acct	$50 00	$
4/9/46	" " Infield	$110 64	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

284

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept 3 19.44

Name of Deceased Bertha A. Wainwright W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 2nd St. East Sonoma, Calif. ☐Husband ☐Wife ☐Widow } James W.

Charge to James W. Wainwright or..... of } Age of Husband or Wife (if living)..... Years

Address 735 Taylor St, San Francisco Bilmore Hotel

Order given by himself (or informant)

How Secured

If Veteran, State War None

Occupation Housewife none (Social Security Number)

Employer and Address

Date of Death Sept 3. 1944 (Date) 3:30 P.M. (Hour)

Date of Birth June 30. 1861

Age 83 (Years) 2 (Months) 3 (Days)

Date of Funeral Sept 6. (Date) Tues. (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev. Perry Sonoma (Address)

Religion of the Deceased

Birthplace Sonoma Calif.

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Victory Hospital Napa, Cal.

Cause of Death Carcinoma of Pancreas

Contributory Causes & Myocardial failure

Certifying Physician C. B. Andrews M.D. (or Coroner)

His Address Sonoma Calif.

Name of Father Unknown Rufus

His Birthplace Germany

Maiden Name of Mother Unknown

Her Birthplace Unknown

Motor Ship } Remains to

Size of Casket 93# 6006 Platinum Arcola (State Color and Number)

Manufactured by

Cemetery Crematory } M. Cem. Sonoma, Calif.

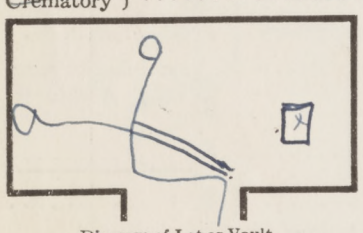

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	295 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines to Napa & San Francisco		20 —
Autos to R. R. Station ..... @ $1/2 = 147.50		
Getting Remains from 1.5.00		
Taking Remains to 16250		
Trip to Coroner's Inquest 16250		
Delivering Box to 8125		
Deliver Flowers to 40625		
Removal Charges 1		
Procuring Burial Permit ..... Napa (State Number and District)		50
Certif. Copies of Death Certificates No. ____ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Permit		1 —
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		30 00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev. Perry		5 —
Mrs Grunstedt (organ)		2 50
....line Death Notices in Local Papers		2 56
Examiner (Names of Newspapers)		3 20
Chronicle		2 90
		4 06
Sales Tax		
Total Footing of Bill	$	381 72
Less 15% 30 days	$	15 50
Balance	$	366 22

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
9/18/44	To Above Balance Statement		$
	By Payment	$	$
10/6/44	" " filed with P.U.	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
Oct 10, 44	By Payment	$	$
	" " J.M. Full	$ 366 22	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

285

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept 5 19 44

Name of Deceased Howard P. Graham W

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence R.F.D. Bx 811 Santa Rosa, Highway 5 R ☐ Husband ☐ Wife ☐ Widow } Jessie P. 60

or..... of } Age of Husband or Wife (if living) Years

Charge to Mrs Jessie P. Graham

Address above

Order given by herself (of informant)

How Secured

If Veteran, State War None

Occupation Rancher 567-14-4483 (Social Security Number)

Employer and Address

Date of Death Sept 5, 1944 (Date) 2 P.M. (Hour)

Date of Birth April 20, 1889

Age ~~85~~ 55 (Years) 4 (Months) 15 (Days)

Date of Funeral Sept 7 (Date) Thurs (Day of Week) 2 P.M. (Hour)

Services at Chapel of the Chimes 8 R.

Clergyman (Address)

Religion of the Deceased

Birthplace Nebraska

Resided in the State 30 - (or U. S. or City or County) (Years) (Months)

Place of Death Orchard near Home

Cause of Death Coronary Arteriosclerosis

Contributory Causes

Certifying Physician Vernon Silvershield, Coroner (or Coroner)

His Address Santa Rosa Caly

Name of Father Franklin P. Graham

His Birthplace Virginia

Maiden Name of Mother Dorcas Cobb

Her Birthplace Virginia

Motor Ship } Remains to

Size of Casket 3/3 #345 D.P. Cov. 238 (State Color and Number)

Manufactured by S.F.

Cemetery Crematory } Chapel of the Chimes Santa Rosa Caly

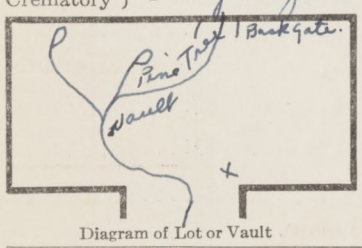

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	310 -
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from 1/2 = 155.00		
Taking Remains to 155		
Trip to Coroner's Inquest 77.50		
Delivering Box to 3,875.0		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45 00
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
...line Death Notices in ... Papers		
Democrat & Rep (Names of Newspapers)		2.00
Sales Tax		4 06
Total Footing of Bill	$	361 06
Less 15.50 - 30 days	$	15 50
Balance	$	345 56

Entered int... Ledger

Date			lance
9/8/44	Statem	To Abo	
		By Payn	
		"	
		"	
		"	
		"	
		"	
		"	
			$ $

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed ...

Witness ... Address ...

Compiled by F. J. FEINEMAN, St. Louis, Mo.

284

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept 3 19.44

Name of Deceased Bertha A. Wainwright W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 2nd St. East Sonoma, Caliy. ☐Husband ☐Wife ☐Widow } James W.

or..... of } Age of Husband or Wife (if living).....Years

Charge to: James W. Wainwright

Address 735 Taylor St, San Francisco Biltmore Hotel

Order given by herself (or informant)

How Secured

If Veteran, State War none

Occupation Housewife none (Social Security Number)

Employer and Address

Date of Death Sept 3. 1944 (Date) 3:30 P.M. (Hour)

Date of Birth June 20. 1861

Age 83 (Years) 2 (Months) 3 (Days)

Date of Funeral Sept 6. (Date) Tues (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev. Perry Sonoma (Address)

Religion of the Deceased

Birthplace Sonoma Caliy

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Victory Hospital Napa, Cal

Cause of Death Carcinoma of Pancreas

Contributory Causes & Myocardial failure

Certifying Physician C. B. Andrews M.D. (or Coroner)

His Address Sonoma Caliy

Name of Father Unknown Rufus

His Birthplace Germany

Maiden Name of Mother Unknown

Her Birthplace Unknown

Motor Ship } Remains to

Size of Casket 93# 6006 Platinum Arcola (State Color and Number)

Manufactured by

Cemetery Crematory } M. Cem. Sonoma, Caliy

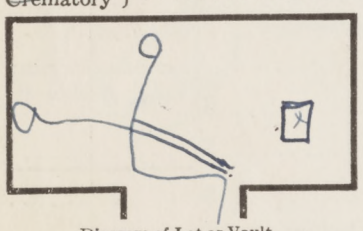

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	295	—
Casket			
Burial Vault or Box (State Kind)		15	—
Embalming Body (Name of Embalmer)			
Barber, $ ... Hair Dressing, $			
Dressing Body, $ ... Underwear, $			
Suit or Dress (State Kind and Color)			
Slippers, $ ... Hose, $			
Folding Chairs, $ ... Tarpaulin, $			
Candelabrum, $ ... Candles, $			
Door Spray, $ ... Gloves, $			
Funeral Car, $ ... Ambulance, $			
Limousines to Cemetery ... @ $			
Extra Limousines to Napa & San Francisco		20	—
Autos to R. R. Station ... @ $1/2 = 147.50			
Getting Remains from ... Ph		15.00	
Taking Remains to		16.25.0	
Trip to Coroner's Inquest		16.25.0	
Delivering Box to		8.1.25	
Deliver Flowers to		40.6.25	
Removal Charges		1	
Procuring Burial Permit Napa (State Number and District)			50
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)			
Pall Bearer Service, $ ... Use of Chapel, $			
Gross Total for Sales Tax	$		
Outlay for Lot Cemetery Assn		1	—
Cremation			
Flowers, $ ... Palms, $ ... Matting, $			
Rental of Tent, $ ... of Temporary Vault, $			
Opening of Grave or Tomb		30.00	
Lining Grave, $ ... Lowering Device, $			
Outlay for Shipping Charges			
Clergyman, $ ... Singers, $ ... Organist, $			
Railroad or Motor } Tickets, $ ... Aeroplane } Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service Rev. Perry		5	—
Mrs Grunstead (organ)		2	50
...line Death Notices in Local Papers		2	56
Examiner (Names of Newspapers)		3	20
Chronicle		2	90
Sales Tax		4	06
Total Footing of Bill	$	381	72
Less 15% 30 days	$	15	50
Balance	$	366	22

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance
9/18/44	To Above Balance Statement		$
	By Payment	$	$
10/6/44	" " filed with OPA	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
Oct 10, 44	By Payment	$	$
	" " Paid in full	$ 366 22	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. .... Yearly No. .... Date of Entry Sept 5 19 44

Name of Deceased Howard P. Graham W (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence R.F.D. Bx 8111 Santa Rosa, Highway SR ☐Husband ☐Wife ☐Widow or .... of Jessie P. Age of Husband or Wife (if living) 60 Years

Charge to Mrs Jessie P. Graham

Address above

Order given by herself (of informant)

How Secured ....

If Veteran, State War none

Occupation Rancher 567-14-4483 (Social Security Number)

Employer and Address ....

Date of Death Sept 5, 1944 (Date) 2 P.M. (Hour)

Date of Birth April 20, 1889

Age 55 (Years) 4 (Months) 15 (Days)

Date of Funeral ...

Services at Cha...

Clergyman ...

Religion of the Dec...

Birthplace Ne...

Resided in the Stat...

Place of Death Dr...

Cause of Death C...

Contributory Cause...

....

Certifying Physician...

His Address San...

Name of Father H...

His Birthplace ...

Maiden Name of Mo...

Her Birthplace ...

Motor / Ship } Remains to ...

Size of Casket 6/3 #345

Manufactured by ...

~~Cemetery~~ Crematory } Chape...

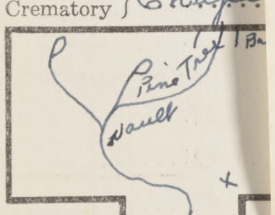

Diagram of Lot or Vault

Complete Funeral (except outlays) $	310 –
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ .... Hair Dressing, $	
Dressing Body, $ .... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ .... Hose, $	
Folding Chairs, $ .... Tarpaulin, $	
Candelabrum, $ .... Candles, $	
Door Spray, $ .... Gloves, $	
Funeral Car, $ .... Ambulance. $	
...	5 00
...	00
...	06
...	06
...	50
...	56

Date								Balance
9/8/44	Statem...	To Abov...						
		By Payn...						
		" "						
		" "						
		" "						
		" "						
		" "						
		" "		$		$		

(Attached note:)

Bates and Evans
Funeral Directors
SONOMA, CALIFORNIA

TELEPHONE 43

Sept 6, 1944

Received of above firm:
1 watch
$9.62 and numerous small
personal effects of Howard P. Graham.

Jessie Graham

Insurance $ .... Names of Lodges .... Insurance Companies ....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .... days from date. Interest to accrue from maturity at the rate of .... % per annum.

Signed ....

Witness .... Address ....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

284

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept 3 19.44

Name of Deceased Bertha A. Wainwright W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 2nd St East Sonoma, Caly ☐Husband ☐Wife ☐Widow } James W.

Charge to James W. Wainwright or..... of } Age of Husband or Wife (if living).....Years

Address 735 Taylor St, San Francisco

Order given by herself, Fillmore Hotel (or informant)

How Secured .....

If Veteran, State War None

Occupation Housewife None (Social Security Number)

Employer and Address .....

Date of Death Sept 3. 1944 (Date) 3:30 P.M. (Hour)

Date of Birth June 30. 1861

Age 83 (Years) 2 (Months) 3 (Days)

Date of Funeral Sept 6 (Date) Tues. (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev. Perry Sonoma (Address)

Religion of the Deceased .....

Birthplace Sonoma Caly

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Victory Hospital Napa, Cal

Cause of Death Carcinoma of Pancreas

Contributory Causes & Myocardial failure

.....

Certifying Physician C. B. Andrews M.D. (or Coroner)

His Address Sonoma Caly

Name of Father Unknown Rufus

His Birthplace Germany

Maiden Name of Mother Unknown

Her Birthplace Unknown

Motor Ship } Remains to .....

Size of Casket #3 6006 Platinum Acola (State Color and Number)

Manufactured by .....

Cemetery Crematory } M. Cem. Sonoma, Caly

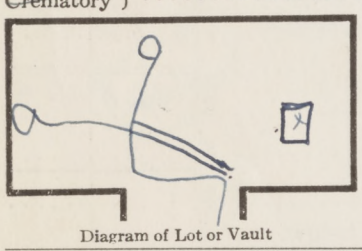

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	295 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines to Napa and San Francisco		20 —
Autos to R. R. Station ..... @ $1/2 = 147.50		
Getting Remains from Napa		15.00
Taking Remains to		16.25.0
Trip to Coroner's Inquest		16.25.0
Delivering Box to		8.1.25
Deliver Flowers to		4.0.6.25
Removal Charges		1
Procuring Burial Permit Napa (State Number and District)		50
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Assn't		1 —
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		30 00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev. Perry		5 —
Mrs Grunstead (Organ)		2 50
....line Death Notices in S.F. Papers		2 56
Examiner		3 20
(Names of Newspapers)		
Chronicle		2 90
Sales Tax		4 06
Total Footing of Bill	$	381 72
Less 15% 30 days	$	15 50
Balance	$	366 22

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance
9/18/44	Statement To Above Balance		$
	By Payment	$	$
10/6/44	filed with OPA	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
Oct 10, 44	By Payment	$	$
	" " Jn Full	$ 366 22	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

285

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept. 5 19 44

Name of Deceased Howard P. Graham W

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence R.F.D. Rt. 8111 Santa Rosa, Highway S.R. ☐ Husband ☐ Wife ☐ Widow } Jessie P. 60

or..... of } Age of Husband or Wife (if living) Years

Charge to Mrs Jessie P. Graham

Address above

Order given by herself (of informant)

How Secured

If Veteran, State War none

Occupation Rancher 567-14-4483 (Social Security Number)

Employer and Address

Date of Death Sept. 5, 1944 (Date) 2 P.M. (Hour)

Date of Birth April 20, 1889

Age ~~60~~ 55 (Years) 4 (Months) 15 (Days)

Date of Funeral Sept 7 (Date) Thurs (Day of Week) 2 P.M. (Hour)

Services at Chapel of the Chimes

Clergyman (Address)

Religion of the Deceased

Birthplace Nebraska

Resided in the State 30 - (or U. S. or City or County) (Years) (Months)

Place of Death Orchard near Home

Cause of Death Coronary Arteriosclerosis

Contributory Causes

Certifying Physician Vernon Silvershield, Coroner (or Coroner)

His Address Santa Rosa Caly

Name of Father Franklin P. Graham

His Birthplace Virginia

Maiden Name of Mother Dorcas Cobb

Her Birthplace Virginia

Motor / Ship } Remains to

Size of Casket 3/3 #345 H.P. Cov. 238 (State Color and Number)

Manufactured by S.F.

Cemetery / Crematory } Chapel of the Chimes Santa Rosa Caly

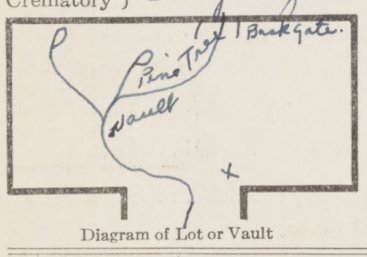

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 310	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from ½ = 155.00		
Taking Remains to 155		
Trip to Coroner's Inquest 77.50		
Delivering Box to 3,875.0		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45 00
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
...line Death Notices in ... Papers		
Democrat & Rep (Names of Newspapers)		2.00
Sales Tax		4 06
Total Footing of Bill	$	361 06
Less 15.50 - 30 days	$	15 50
Balance	$	345 56

Entered into Ledger, page ... or below.

Date		Amount Paid	Balance
9/8/44	Statement To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
9/27/44	By Payment In full	$ 345 56	$
	" "	$	
	" "	$	
	" "	$	
	" "	$	
	" "	$	

Insurance $ ... Names of Lodges ... Insurance Companies ...

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from da

maturity at the rate of ... % per annum.

Signed ...

Witness ... Address ...

Compiled by F. J. FEINEMAN, St. Louis, Mo.

286

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept 12 19 44

Name of Deceased Anna E. Hertel W.

☑ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Fetters Springs, Caly ☐Husband ☐Wife ☐Widow or ..... of Mr L. L.

Charge to Flora Elizabeth Kaufer Age of Husband or Wife (if living) ..... Years

Address Fetters Springs

Order given by Herself (or informant)

How Secured

If Veteran, State War none

Occupation at Home none (Social Security Number)

Employer and Address

Date of Death Sept 12, (Date) 1:30 a.m. (Hour)

Date of Birth April 22, 1866

Age 78 (Years) 4 (Months) 20 (Days)

Date of Funeral Shipped to Genoa Del (Date) (Day of Week) (Hour) M.

Services at above

Clergyman (Address)

Religion of the Deceased

Birthplace New York City

Resided in the State 1 mos (or U. S. or City or County) (Years) (Months)

Place of Death Victory Hospital Napa

Cause of Death Myocardial failure

Contributory Causes Shock following fall

Certifying Physician Theodore J. Treadway (or Coroner)

His Address Napa, Caly

Name of Father Charles D. Adams

His Birthplace Columbia So. Carolina

Maiden Name of Mother Elizabeth Leonard

Her Birthplace Unknown

Motor / Ship } Remains to

Size of Casket 63 #9389 - Cov. 220 (State Color and Number)

Manufactured by L. F.

Cemetery / Crematory } Shipped to Del

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) $	295 -
Casket	
Burial Vault or Box (State Kind)	15 -
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $ 1/2 = 147.50	
Extra Limousines ..... @ $ ox 15.00	
Autos to R. R. Station ..... @ $ 1.625.0	
Getting Remains from 1.62 5.0	
Taking Remains to 8.1.25	
Trip to Coroner's Inquest 4.06.25	
Delivering Box to 4	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit Napa (State Number and District)	.50
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax $	
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service	
Indexing paper	1 50
....line Death Notices in ..... Papers (Names of Newspapers)	
Sales Tax	4 06
Total Footing of Bill $	316 06
Less Telegram $	0 50
Balance $	315 56

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
Statement	To Above Balance	$	$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

to L. F. Mills Railway Agent Genoa Del.

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
Nov 2, 1944	" "	$ 315 06	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

In full

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry ...Sept. 14.....19.44

Name of Deceased ...Emile Di Giulio..... white

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence ...R.F.D. Box 151 A Sonoma..... ☐Husband ☐Wife ☐Widow } or..... .....of } ...Asunta..... 65

Charge to ...Gisberto Di Giulio..... Age of Husband or Wife (if living) .....Years

Address ...above.....

Order given by.....

How Secured.....

If Veteran, State War ...Non...

Occupation ...Farmer.....

Employer and Address .....

Date of Death ...Sept. 14.. (Date)

Date of Birth ...March...

Age ...75... (Years) ...6... (Months)

Date of Funeral ...Sept. 16... (Date) (Day of

Services at ...St. Franc...

Clergyman.....

Religion of the Deceased ...Cat...

Birthplace ...Italy.....

Resided in the State ...53 y... (or U. S. or City)

Place of Death ...Home...

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician ...C.B.....

His Address ...Sonoma.....

Name of Father ...Orcange.....

His Birthplace ...Lucca, Italy.....

Maiden Name of Mother ...Carmenina Del Carlo.....

Her Birthplace ...Lucca Italy.....

Motor Ship } Remains to .....

Size of Casket ...#9525A. H.P. Cou. 238... (State Color and Number)

Manufactured by ...S.F.....

Cemetery Crematory } ...Mt. Calm. Sonoma, Caly

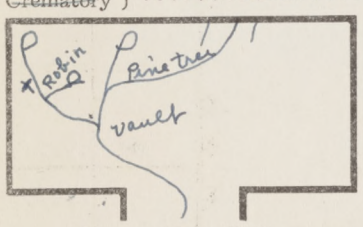

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

...ys)	$	295 –
		15 –
Kind)		
Embalmer)		
...essing, $		
...derwear, $		
...and Color)		1 03
...$		
...aulin, $		
...les, $		
...es, $		
...ance, $		
@ $½ = 147.50		
@ $17 15.00		
@ $1ee 1.00		
163.50		
163.50		
81.75		
4.08.75		
		6 00
Number and District)		
...ificates No.		
...sician's or Coroner's		
of Chapel, $		
	$	
@ 100		4 00
Matting, $		
...orary Vault, $		
		38 –
...ng Device, $		
Organist, $		
Railroad or Motor } Tickets, $	Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Index Tribune		2 50
Dem & Rep		2 00
...line Death Notices in ... Papers		
La Stalina		3 50
(Names of Newspapers)		
Mass		15 00
Sales Tax		4 06
Total Footing of Bill	$	38 65
Less By 30 days	$	15 50
Balance	$	370 65

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance
9/21/44	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
9/15/44	By Payment Cash	$ 200 –	$
10/1/44	" "	$ 170 65	$ ~~57~~
	" "	$	$
	In full	$ 370 65	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

G. H. HOTZ
LADIES' READY-TO-WEAR
LINGERIE - HOSIERY - MILLINERY
EXCLUSIVE STYLES — MEN'S FURNISHINGS
PHONE 71-W Sonoma, Calif. 9-15 1944
Sold To
Address

necktie	100
tax	03
	103

35

286

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept 12 19 44

Name of Deceased Anna E. Hertel W.

☑ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Fetters Springs, Calif. ☐Husband ☐Wife ☐Widow } Mr L. L.
or..... .....of } Age of Husband or Wife (if living).....Years

Charge to: Dora Elizabeth Kastner

Address. Fetters Springs

Order given by Hersey
(or informant)

How Secured

If Veteran, State War none

Occupation at Home none
(Social Security Number)

Employer and Address

Date of Death Sept 12, 1:30 a.m.
(Date) (Hour)

Date of Birth April 22, 1866

Age 78 (Years) 4 (Months) 20 (Days)

Date of Funeral Shipped to Genoa Del M.
(Date) (Day of Week) (Hour)

Services at above

Clergyman
(Address)

Religion of the Deceased

Birthplace New York City

Resided in the State 7 mos
(or U. S. or City or County) (Years) (Months)

Place of Death Victory Hospital Napa

Cause of Death Myocardial failure

Contributory Causes Shock following fall

Certifying Physician Theodore J. Treadway
(or Coroner)

His Address Napa, Calif.

Name of Father Charles D. Adams

His Birthplace Columbia So. Carolina

Maiden Name of Mother Elizabeth Lennard

Her Birthplace Unknown

Motor / Ship } Remains to

Size of Casket 63 #9389 - Cov 220
(State Color and Number)

Manufactured by S.F.

Cemetery / Crematory } Shipped to Del.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	295 -
Casket		
Burial Vault or Box (State Kind)		15 -
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $ 1/2 = 147.50		
Extra Limousines ..... @ $ ea 15.00		
Autos to R. R. Station ..... @ $ 1.625.0		
Getting Remains from 1.625.0		
Taking Remains to 8.125		
Trip to Coroner's Inquest 4.0625		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit ..... Napa (State Number and District)		.50
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Index paper		1.50
....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		4.06
Total Footing of Bill	$	316.06
Less Telegram	$	0.50
Balance	$	315.56

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance
	Statement to L.F. Mills Railway Agent Genoa		
	To Above Balance	$	$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
Nov 2, 1944	" In full	$ 315.06	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RE[...]

Total No. .... Yearly [...] Sept 14 ...... 19 44

Name of Deceased .... Emile [...] White (What Race)

☒ Married ☐ Single

Residence R.F.D. Box 15[...] [...]unta .... 65 — Husband or Wife (if living) .... Years

Charge to Giaberto D[...]

Address ...... above

Order given by .... (or in[...])

How Secured ....

If Veteran, State War None

Occupation Farmer

Employer and Address .... none (Social Security Number)

Date of Death Sept 14 (Date) 7:50 P.M. (Hour)

Date of Birth March 11, 1869

Age 75 (Years) 6 (Months) 3 (Days)

Date of Funeral Sept 16 (Date) Sat (Day of Week) 10 A.M. (Hour)

Services at St Francis

Clergyman .... (Address)

Religion of the Deceased Catholic

Birthplace Italy

Resided in the State 53 years (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death ....

Contributory Causes ....

Certifying Physician C B Andrews MD (or Coroner)

His Address Sonoma, Calif

Name of Father Arcangelo DB Giulio

His Birthplace Lucca, Italy

Maiden Name of Mother Carmerina Del Carlo

Her Birthplace Lucca Italy

Motor / Ship } Remains to ....

Size of Casket #9525A HP Cov. 238 (State Color and Number)

Manufactured by S.F.

Cemetery / ~~Crematory~~ Mt Cem. Sonoma, Calif

Diagram of Lot or Vault: Robin, Pine tree, vault

Lot No. ....

Grave No. ....

Section No. ....

Block No. ....

Owner ....

Item	Amount	
[...]	$ 295	—
[...] (Kind)	15	—
(Embalmer)		
Barber, $ ...... Hair Dressing, $		
Dressing Body, $ ...... Underwear, $		
Suit or Dress Gr. + Sat (State Kind and Color)	1	0 3
Slippers, $ ...... Hose, $		
Folding Chairs, $ ...... Tarpaulin, $		
Candelabrum, $ ...... Candles, $		
Door Spray, $ ...... Gloves, $		
Funeral Car, $ ...... Ambulance, $		
Limousines to Cemetery .... @ $ 1/2 = 147.50		
Extra Limousines .... @ $ Tx 15.00		
Autos to R. R. Station .... @ $ Tax 1.00		
Getting Remains from 163.50		
Taking Remains to 163.50		
Trip to Coroner's Inquest 81.75		
Delivering Box to 408.75		
Deliver Flowers to .... 4.		
Removal Charges		
Procuring Burial Permit ...... (State Number and District)	6	00
___ Certif. Copies of Death Certificates No. ...... (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax ...... $		
Outlay for Lot 4 Posts @ 1.00	4	00
Cremation		
Flowers, $ .... Palms, $ .... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	38	—
Lining Grave, $ ...... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ .... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ...... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Index Tribune	2	56
Dem. + Rep.	2	00
....line Death Notices in .... Papers		
L'Italia	3	50
Names of Newspapers: News	15	00
Sales Tax	4	06
Total Footing of Bill ...... $	386	15
Less 15 [...] 30 days ...... $	15	50
Balance ...... $	370	65

Entered into Ledger, page ...... or below.

Date		Amount Paid		Balance	Date		Amount Paid		Balance
9/21/44	Statement To Above Balance			$		To Balance Forward			$
	By Payment	$		$	9/15/44	Cash By Payment	$ 200	—	$
	" "	$		$	10/1/44	" "	$ 170	65	$ ~~56~~
	" "	$		$		" "	$		$
	" "	$		$		In full " "	$ 370	65	$
	" "	$		$		" "	$		$
	" "	$		$		" "	$		$
	" "	$		$		" "	$		$

Insurance $ .... Names of Lodges .... Insurance Companies ....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .... days from date. Interest to accrue from maturity at the rate of .... % per annum.

Signed ....

Witness .... Address ....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

HOTZ'S

SPECIALIZING IN —

LADIES' READY-TO-WEAR

LINGERIE

HOSIERY

MILLINERY

NOVELTIES

MEN'S FURNISHINGS

CLOTHING

SHIRTS

UNDERWEAR

HATS

TIES

If your Purchase is in any way Unsatisfactory, Please Report the same as all Errors will be Cheerfully Rectified.

REDIFORM-PACIFIC MANIFOLDING BOOK CO., INC., EMERYVILLE, CALIF.

288

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept 14 19 44

Name of Deceased Antonio Raffaele Ramponi W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Stillborn ☐Husband ☐Wife ☐Widow } of .....

Charge to Tony Ramponi Age of Husband or Wife (if living) ..... Years

Address R.F.D. Bx. 29 A. Sonoma

Order given by himself (or informant)

How Secured

If Veteran, State War

Occupation none (Social Security Number)

Employer and Address

Date of Death Sept 14, 944 (Date) 9:40 am (Hour)

Date of Birth about

Age Stillborn (Years) (Months) (Days)

Date of Funeral Sept 15 - Fri (Date) (Day of Week) 11 A.M. (Hour)

Services at Catholic Cemetery

Clergyman none (Address)

Religion of the Deceased

Birthplace Sonoma, Cal.

Resided in the State Stillborn (or U. S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death Constriction Umbilical Cord

Contributory Causes

Certifying Physician Carroll B. Andrews (or Coroner)

His Address Sonoma, Cal.

Name of Father Tony Ramponi

His Birthplace Milano, Italy

Maiden Name of Mother Ida Bedeghetti

Her Birthplace Petaluma, Cal.

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by S.F.

Cemetery Crematory } Catholic Cem. Sonoma

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) Casket & personal Services	$	18 -
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $ 1/2 = 9.00		
Autos to R. R. Station ..... @ $ 9.00		
Getting Remains from 4.50		
Taking Remains to Surf 32.50		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot ..... Grave		5 -
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		7 -
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges. Casket brot by Motra		5 00
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		23
Total Footing of Bill	$	35 23
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$	9/15/44	To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$ 35 23	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

289

Total No..... Yearly No..... Date of Entry Sept 18 1944

Name of Deceased Claire Joseph Bessler W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Millerick Ranch Sonoma ☐Husband ☐Wife ☐Widow } Dora

or..... .....of } Age of Husband or Wife (if living)..... Years

Charge to Mr. Joe Bessler (son)

Address Santa Monica, Cal. Ocean Del

Order given by Family (or informant)

How Secured

If Veteran, State War none

Occupation Butcher (Social Security Number)

Employer and Address

Date of Death Sept 18, 1944 (Date) 7:40 a m (Hour)

Date of Birth June 27, 1887

Age 57 (Years) 2 (Months) 21 (Days)

Date of Funeral Sept 21 (Date) Thurs (Day of Week) 9 A. M. (Hour)

Services at St. Francis

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Downieville, Cal.

Resided in the State 7 years (or U. S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death Myocardial failure

Contributory Causes Carcinoma of Stomach

Certifying Physician A. K. McGrath MD (or Coroner)

His Address Sonoma, Cal.

Name of Father Thomas Bessler

His Birthplace Massilon, Ohio

Maiden Name of Mother Dora Colton

Her Birthplace Downieville, Cal.

Motor / Ship } Remains to

Size of Casket #9525A HP Cov 238 (State Color and Number)

Manufactured by J. F.

Cemetery / Crematory } Catholic Cem. Sonoma, Cal.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	295 -
Casket		
Burial Vault or Box (State Kind)		15 -
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $ 1/2		147.50
Extra Limousines ..... @ $ 1/2		15.00
Autos to R. R. Station ..... @ $		162.50
Getting Remains from		162.50
Taking Remains to		81.25
Trip to Coroner's Inquest		40.625
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot ..... 1 Grave		10 -
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		15 -
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Mass		15 -
....line Death Notices in ..... Papers		
Flowers (Names of Newspapers)		15 -
Sales Tax		4 06
Total Footing of Bill	$	369 06
Less 15% 30 days	$	15 50
Balance	$	353 56

Entered into Ledger, page .....or below.

Amount Paid	Balance	Date		Amount Paid	Balance
	$		To Balance Forward		$
	$	Sept 25	By Payment In full	$ 353 56	$
	$		" "	$	$
			" "	$	$
			" "	$	$
			" "	$	$
			" "	$	$

Casket No. 9525-A-HP
Size 6/3
Covering 238
Description Pebble Panel & Rd. Pillow Lined Sunray 449-4x0-Hdls

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

290

FUNERAL

Total No

Name of

Residenc

Charge t

Address.

Order giv

How Secu

If Veterai

Occupatic

Employer

Date of D

Date of B

Age.....

Date of F

Services at Chapel - (Hour)

Clergyman..... (Address)

Religion of the Deceased.....

Birthplace Hamberg, Iowa

Resided in the State 19 years
(or U. S. or City or County) (Years) (Months)

Place of Death Home - Above -

Cause of Death Myocardial failure

Contributory Causes Chr. Interstitial Nephritis,

Certifying Physician A. F. McGrath MD
(or Coroner)

His Address Sonoma Calif

Name of Father Leby Dempsett

His Birthplace Iowa Indiana

Maiden Name of Mother Anna Godard

Her Birthplace Hamberg, Iowa

Motor / Ship } Remains to.....

Size of Casket #9585A Tan Brd cloth H.P.
(State Color and Number)

Manufactured by S.F. Casket Co.

Cemetery / Crematory } Chapel of the Chimes Santa Rosa Calif

Lot No.....

Grave No.....

Section No.....

ck No.....

Low. Baker.
Hamberg, Iowa
408 East St

San Francisco Casket Co.
321-335 Valencia Street
San Francisco, 3
Telephones MArket 1146-1147

Casket No. 9585-HP
Size 6/3

Covering Tan Brd. Cloth
S.F.C.C.

Description Atlas Panel & Slate Pillow
Lined Eggshell Satin Back Crepe
Victorian- 6x0 Coppertone

Date of Entry..... Sept 25 ..... 19..44

tt ..... W.....
(What Race)

☐Husband ☐Wife ☐Widow } .....
or..... .....of } Age of Husband or Wife (if living)..... Years

plete Funeral (except outlays) ..... $	390	-
ket		
al Vault or Box ..... (State Kind)		
alming Body ..... (Name of Embalmer)		
er, $..... Hair Dressing, $		
sing Body, $..... Underwear, $		
or Dress ..... (State Kind and Color)		
ers, $..... Hose, $		
ing Chairs, $..... Tarpaulin, $		
lelabrum, $..... Candles, $		
Spray, $ ..... Gloves, $		
ral Car, $ ..... Ambulance, $		
usines to Cemetery ..... @ $		
Limousines ..... @ $ 1/2 = 195.00		
Autos to R. R. Station ..... @ $ 195.00		
Getting Remains from 97.50		
Taking Remains to 4.87.50		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit ..... (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot ..... permit		50
Cremation	45	00
Flowers, $.....Palms, $.....Matting, $		
Rental of Tent, $....of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $.....Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $.....Singers, $....Organist, $		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....		
....line Death Notices in .....Papers		
....posted, ...Index (Names of Newspapers)	2	56
....2 Certified death Cert.	2	00
Sales Tax	4	68
Total Footing of Bill ..... $	444	74
Less 19 50 30 days ..... $		
Balance ..... $		

Entered into Ledger, page.....or below.

Statement Sent				Balance		Date		Amount Paid		Balance	
							To Balance Forward				
							By Payment				
						Jan 4-45	Brick Layers Union #1 Oregon	300	00		
						June 27-45	On Full	144	74		
								444	74		

Nov 2, 1944 filed with A.R.H.

4 2 Certified Certificat

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL last 9/30/44 291

Total No..... Yearly No..... Date of Entry ...Sept.....2.3....19.4..

Name of Deceased ...Edith Coletto... (What Race) W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence ...So. State Home Eldridge... ☐Husband ☐Wife ☐Widow or..... .....of } Age of Husband or Wife (if living).....Years

Charge to ...Reno Coletto...

Address ...1431 - Galvez Ave SF.

Order given by..... (or informant)

How Secured.....

If Veteran, State War ...none...

Occupation ...none... none (Social Security Number)

Employer and Address .....

Date of Death ...Sept. 24, 1944... (Date) 6:29 P.m. (Hour)

Date of Birth ...Jan. 1, 1915...

Age ...29... (Years) ...8... (Months) ...17... (Days)

Date of Funeral ...Sept. 27. Wed.... (Date) (Day of Week) 2 P.M. (Hour)

Services at ...Chapel...

Clergyman ...priest... (Address)

Religion of the Deceased ...Catholic...

Birthplace ...San Francisco, Cal...

Resided in the State ...Life... (or U. S. or City or County) (Years) (Months)

Place of Death ...So. State Home...

Cause of Death ...Adv. Pulmonary...

Contributory Causes ...Tuberculosis...

Certifying Physician ...J. Williams... (or Coroner)

His Address ...Eldridge, Cal...

Name of Father ...Candido Coletto...

His Birthplace ...Italy...

Maiden Name of Mother ...Edevige Gallo Recard...

Her Birthplace ...Italy...

Motor Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by ...S.F. Casket Co.

Cemetery Crematory } ...Catholic Cem. Sonoma...

Complete Funeral (except outlays) ..... $	220 -
Casket	
Burial Vault or Box ..... (State Kind)	15 -
Embalming Body ..... (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress ...x... Suit ..... (State Kind and Color)	6 15
Slippers, $ ..... Hose, $	.50
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $ 1/2 = 110.00	
Autos to R. R. Station ..... @ $ 14 15.00	
Getting Remains from ...Dress... 6.00	
Taking Remains to ...Hos... .50	
Trip to Coroner's Inquest 13.50	
Delivering Box to 13.50	
Deliver Flowers to 6.75	
Removal Charges 3.28.75	
Procuring Burial Permit ..... (State Number and District)	
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax ..... $	
Outlay for Lot ...1 Grave...	10 -
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	15 -
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service	
...Blessing, Priest	5 00
....line Death Notices in ..... Papers	
...Flowers... (Names of Newspapers)	10 -
.....	
Sales Tax	3 13
Total Footing of Bill ..... $	284 78
Less 1.75, 30 days ..... $	11 75
Balance ..... $	273 03
Entered into Ledger, page .....or below.	

Casket No. 5055A
Size 6/3
Lot No.....
Grave No.....
...ction No.....
Covering Grey Doeskin
S.F. 6.6.
Description Lined Rego Rd Pillow Set
449 4x0 Hdles

					Date		Amount Paid		Balance	
						To Balance Forward			$	
		By Payment	$	$		By Payment	$		$	
		" "	$	$	9/26/44	In full	$	273.03	$	
		" "	$	$		" "	$		$	
		" "	$	$		" "	$		$	
		" "	$	$		" "	$		$	
		" "	$	$		" "	$		$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Sales Tax
First 4 Quarter
292

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct 17 19 44

Name of Deceased Nancy Jane Estes W

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Sonoma State Home ☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Earle Eliason

Address Boyes Springs, Calif

Order given by Abode (or informant)

How Secured

If Veteran, State War

Occupation None None (Social Security Number)

Employer and Address

Date of Death Oct 14 1944 1:45 P.M. (Date) (Hour)

Date of Birth August 26, 1939

Age 5 (Years) 1 (Months) 18 (Days)

Date of Funeral Oct 17 Tues 2 P.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev Perry Sonoma (Address)

Religion of the Deceased

Birthplace Phoenix Arizona

Resided in the State 3 years (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma State Home

Cause of Death Acute Bronchopneumonia

Contributory Causes Congenital Internal Hydrocephalus Life

Certifying Physician Dr. Fredrickson M.D. (or Coroner)

His Address Eldridge Calif

Name of Father Boyd Manville Estes

His Birthplace Missouri

Maiden Name of Mother Osa May Simmons

Her Birthplace Raymond, Kansas

Motor Ship } Remains to

Size of Casket 4/6 - #14 White Lamb (State Color and Number)

Manufactured by S.F.

Cemetery Crematory } Mt Sonoma, Calif

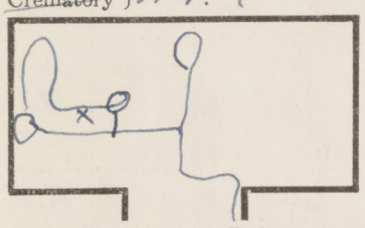

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	110 -
Casket		
Burial Vault or Box (State Kind)		10 -
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $ 1/2 =		55.00
Getting Remains from Mt		10.00
Taking Remains to		65.00
Trip to Coroner's Inquest		65.00
Delivering Box to		32.50
Deliver Flowers to		16.25
Removal Charges		
Procuring Burial Permit (State Number and District)		6 -
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		25 00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service ..... Champion		
..... Rev Perry		5 00
....line Death Notices in ___ Papers		
Singers, Mrs. Grunstead (Names of Newspapers)		5 00
Sales Tax		1 63
Total Footing of Bill	$	162 63
Less 6 00 30 days	$	156 63
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	10-18-44	" Paid In Full	$	$
	" "	$	$		" "	$ 156 63	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

293

Total No..... Yearly No..... Date of Entry October 15 1944

Name of Deceased Mamie Elizabeth Nicholson W

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt 1 Box 35 Sonoma ☐Husband ☐Wife ☐Widow

or..... of } Age of Husband or Wife (if living).....Years

Charge to Charles R. Nicholson

Address Rt 1 Box 35 Sonoma

Order given by..... (or informant)

How Secured.....

If Veteran, State War —

Occupation — (Social Security Number)

Employer and Address —

Date of Death Oct 15 1944 (Date) (Hour)

Date of Birth Feb 26 1892

Age 52 (Years) 7 (Months) 26 (Days)

Date of Funeral Oct 18 (Date) Thurs (Day of Week) 10 A.M. (Hour)

Services at Chapel

Clergyman Rev Perry (Address)

Religion of the Deceased.....

Birthplace Hayton Texas

Resided in the State 3 yrs (or U. S. or City or County) (Years) (Months)

Place of Death Victory Hosp Waco

Cause of Death Toxemia - abscess - due to staphylococcus

Contributory Causes Subacute pelvic inflamatory disease & tuboovarian abscess

Certifying Physician Wm J. Newman M.D. (or Coroner)

His Address Sonoma

Name of Father John Nicholson

His Birthplace Georgia

Maiden Name of Mother Minnie Sutton

Her Birthplace .....

Motor / Ship } Remains to .....

Size of Casket.....

Manufactured by.....

Cemetery / Crematory } .....

Casket No. 4538 ½ CHP
Size 6/3
Covering 276
Description Banner of Stanwyx

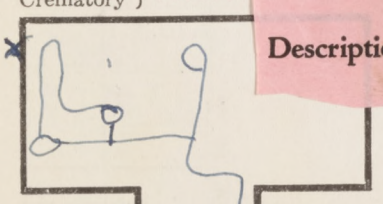

Diagram of Lot or Vault

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 375	00
Casket	150	00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $ 1/2 = 187.50		
Autos to R. R. Station ..... @ $ 3/4 15.00		
Getting Remains from 20 25.0		
Taking Remains to 20 2.50		
Trip to Coroner's Inquest 10 1.25		
Delivering Box to 5, 0 6.25		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	6	50
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb	35	00
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges 2 Posts @ 1.00	2	00
Clergyman, $..... Singers, $.... Organist, $		
Railroad / or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev Perry	5	00
Singer - Mrs Grunstead	5	00
...line Death Notices in ..... Papers		
...Posted Index (Names of Newspapers)	2	56
.....		
.....	5	06
...ales Tax		
Total Footing of Bill	$ 451	16
Less 19 58 30 days	$ 431	61
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	Charles Nicholson To Above Balance		$		To Balance Forward	431 61	$
	Badge #56-2810 By Payment	$ Paid in Full	$		By Payment Paid in Full	$	$
	works at pipe shop #56	$ 10	$ 19-44		" "	$	$
	on night shift	$	$ D		" "	$	$
	address home sm	$	$		" "	$	$
	Care of his shop —	$	$		" "	$	$
	Mare Island	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

294

RECORD OF FUNERAL

Total No. 6 Yearly No. ..... Date of Entry Oct 27 1944

Name of Deceased Curtis Eugene Apple (What Race) W

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Eldridge, Caly

☐ Husband ☐ Wife ☐ Widow } ..... or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Alma Hampton

Address ~~Papinos~~ Payne's Creek Caly

Order given by ..... (or informant)

How Secured .....

If Veteran, State War None

Occupation None (Social Security Number) None

Employer and Address .....

Date of Death Oct 27, 1944 (Date) 6:10 am (Hour)

Date of Birth August 8, 1927

Age 17 (Years) 2 (Months) 9 (Days)

Date of Funeral Oct 31, 1944 (Date) Tue (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev. Perry Sonoma (Address)

Religion of the Deceased .....

Birthplace California

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Sa. State Home

Cause of Death Lung Abseed

Contributory Causes Broncho Pneumonia

..... Primary

Certifying Physician J. Williams (or Coroner)

His Address Eldridge Caly

Name of Father Amos C. Apple

His Birthplace California

Maiden Name of Mother Selma Gall

Her Birthplace California

Motor / Ship } Remains to .....

Size of Casket #14 White Lamb 570 (State Color and Number)

Manufactured by S.F. Casket Co.

Cemetery / Crematory } Mt. Cem. Sonoma Caly

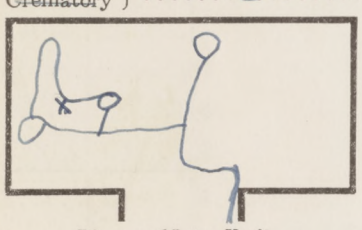

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	120	-
Casket		
Burial Vault or Box (State Kind)	12	50
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Clothing + Jac (State Kind and Color)	6	82
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $ 1/2 = 60.00		
Getting Remains from 12.50		
Taking Remains to ..... clothing 6.75		
Trip to Coroner's Inquest 79.25		
Delivering Box to 79.25		
Deliver Flowers to 39.63		
Removal Charges 198.13		
Procuring Burial Permit (State Number and District)	6	-
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax		
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	25	-
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Rev. Perry	5	00
....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax	1	81
Total Footing of Bill	177	13
Less 6% 30 days	6	62
Balance	170	51

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$	Nov 1, 1944	By Payment in full	$ 170 51	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

295

Total No..... Yearly No..... Date of Entry ..... November 4 19 44

Name of Deceased ..... John Oscar Lund ..... W

☑ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence R F D Bx 230 Sonoma ☐ Husband ☐ Wife ☐ Widow } Lillian 68

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Lillian Lund .....

Address ..... above .....

Order given by ..... (or informant)

How Secured .....

If Veteran, State War ..... None .....

Occupation Gardener ..... none (Social Security Number)

Employer and Address .....

Date of Death Nov. 4, 1944 (Date) 10 a m (Hour)

Date of Birth July 29, 1881

Age 63 (Years) 3 (Months) 17 (Days)

Date of Funeral Nov 6 (Date) Mon. (Day of Week) 2 P.M. (Hour)

Services at Chapel .....

Clergyman Rev. Gustavsson Sonoma (Address)

Religion of the Deceased Methodist .....

Birthplace German Town, Penn

Resided in the State 54 years (or U. S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death Myocardial failure

Contributory Causes .....

Skin Carcinoma (Metastatic)

Certifying Physician A. K. McGrath MD (or Coroner)

His Address Sonoma Calif

Name of Father John W. Lund

His Birthplace Stockholm, Sweden

Maiden Name of Mother Winifred Madden

Her Birthplace Co. Cork, Ireland

Motor Ship } Remains to .....

Size of Casket #9525A #237 Hgd Cap (State Color and Number)

Manufactured by S. F. .....

Cemetery Crematory } Mt. Cem. Sonoma

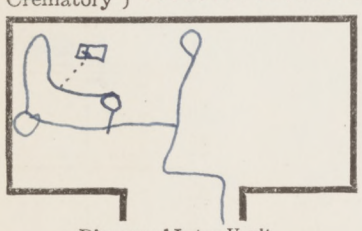

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays) ..... $	295	—
Casket		
Burial Vault or Box ..... (State Kind)	15	—
Embalming Body ..... (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit ~~or Dress~~ Blk. Sat. ..... (State Kind and Color)	15	38
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $ 1/2 = 147.50		
Getting Remains from ..... Mt 15.00		
Taking Remains to ..... Sect 15.00		
Trip to Coroner's Inquest 17750		
Delivering Box to 17750		
Deliver Flowers to 8875		
Removal Charges 47375		
Procuring Burial Permit ..... (State Number and District)	4	—
Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	40	—
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Organist Mrs. Grunstead	2 50	
...line Death Notices in ..... Papers		
..... Index-Tribune	2 56	
Rev. Gustavsson (Names of Newspapers)	5 00	
.....		
Sales Tax	4 06	
Total Footing of Bill ..... $	383 50	
Less ..... $	15 50	
Balance ..... $	367 00	

Entered into Ledger. page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$	Nov 20, 44	To Balance Forward		$
	By Payment	$	$		By Payment	$ 367 00	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

296

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry November 5 19 44

Name of Deceased Archie James Downs W

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Elverano Meat mkt. Elverano. ☐Husband ☐Wife ☐Widow } Hazel Unk

or.....of } Age of Husband or Wife (if living).....Years

Charge to Foster Funeral Home

Address Webster City Iowa

Order given by Mrs. Hazel Downs Wife
(or informant)

How Secured 817 Williams St, Webster City Iowa

If Veteran, State War Unk

Occupation Pipe Fitter 482-07-9702
(Social Security Number)

Employer and Address Mare Island

Date of Death Nov. 5, 1944 6:45 P.M.
(Date) (Hour)

Date of Birth Unk

Age About 33
(Years) (Months) (Days)

Date of Funeral Removal M.
(Date) (Day of Week) (Hour)

Services at Foster Funeral Home

Clergyman Webster City Iowa
(Address)

Religion of the Deceased

Birthplace Unk

Resided in the State Unk
(or U. S. or City or County) (Years) (Months)

Place of Death Cabin near Elverano meat mkt

Cause of Death Bronchopneumonia

Contributory Causes Acute Alcoholism

Certifying Physician Vernon Schuenfeld Co.
(or Coroner)

His Address Santa Rosa, Calif

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor Ship } Remains to Webster City, Iowa

Size of Casket
(State Color and Number)

Manufactured by

Cemetery Crematory } Iowa

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 110	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress ... Suit (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $ 1/2 =	55.00	
Getting Remains from Mt	15.00	
Taking Remains to	700.0	
Trip to Coroner's Inquest	20.00	
Delivering Box to	35.00	
Deliver Flowers to	1,75 0.0	
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
... line Death Notices in ... Papers		
Po (Names of Newspapers)		
Sales Tax Out of State Sales no tax		
Total Footing of Bill	$ 125 00	
Less	$	
Balance	$	
Entered into Ledger, page ... or below.		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Nov 8	" "	$	$
	" "	$	$		" "	$ 125	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ...
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed ...

Witness ... Address ...

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry November 18 1944

Name of Deceased Ernest Abbott (What Race: White)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence Toscano Hotel

☐ Husband ☐ Wife ☐ Widow of .....

Charge to Mrs Emmett Daneli

Address Cal. Verano, Caly

Order given by ..... (or informant)

How Secured .....

If Veteran, State War None

Occupation Carpenter 501-05-7890 (Social Security Number)

Employer and Address .....

Date of Death Nov. 18, 1944 (Date) 9:30 a m (Hour)

Date of Birth Dec 8, 1875

Age 68 (Years) 11 (Months) 10 (Days)

Date of Funeral Nov. 21, (Date) Tue. (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman ..... (Address)

Religion of the Deceased protestant

Birthplace Little Wolf, Wisconsin

Resided in the State Unk (or U. S. or City or County) (Years) (Months)

Place of Death Spain St.

Cause of Death Lobar pneumonia

Contributory Causes Cirrhosis of Liver Hypertensive Cardia Vascular renal disease

Certifying Physician Vernon Silversheild (or Coroner)

His Address Santa Rosa, Caly

Name of Father George Washington Abbott

His Birthplace Unk

Maiden Name of Mother Sarah C. Rich

Her Birthplace Unk

Motor / Ship } Remains to .....

Size of Casket 6/3 - #13 Greyette (State Color and Number)

Manufactured by S.F.

Cemetery / ~~Crematory~~ } Valley Cem. Sonoma, Caly

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner .....

Complete Funeral (except outlays)	$	145 -
Casket		
Burial Vault or Box (State Kind)		15 -
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or ~~Dress~~ 1 Gat - (State Kind and Color)		2 50
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $ 1/2 = 12.50		
Getting Remains from Spain St.		15.00
Taking Remains to Undertaker		2.50
Trip to Coroner's Inquest		9.00.0
Delivering Box to		9.00
Deliver Flowers to		45 00
Removal Charges		22.500
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		15 -
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
manager		5 00
....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		2 - 69
Total Footing of Bill	$	184 75
Less	$	8 12
Balance	$	176 63

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
		$	$		To Balance Forward	$	$
		$	$	Nov. 20. 44	By Payment Mrs Dolly	$	$
		$	$		" Abbott	$ 40 00	$
		$	$	Nov. 20 44	Archie Abbott	$ 136 63	$
		$	$		" "	$	$
		$	$	Paid	" In full	$	$
		$	$		" "	$	$
	" "	$	$		" "	$	$

After 5 days, return to

Archie Abbott

2800 Marlborough Av,

REDWOOD CITY, CALIFORNIA.

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis. Mo.

298

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry December 11 1944

Name of Deceased James Richard Hawley Wagner W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 225 Murray Ave Santa Barbara ☐Husband ☐Wife ☐Widow of ..... } Mabel Monahan 72.

Age of Husband or Wife (if living) ..... Years

Charge to Mrs Gregary Jones

Address above

Order given by herself (or informant)

How Secured

If Veteran, State War none

Occupation Realator none (Social Security Number)

Employer and Address

Date of Death Dec 11, 1944 (Date) 3:55 P.m. (Hour)

Date of Birth Sept 22, 1870

Age 74 (Years) 2 (Months) 19 (Days)

Date of Funeral Dec 13 (Date) Wed (Day of Week) 10 A. M. (Hour)

Services at Episcopal Church

Clergyman Rev. Harold Hallet Rose, Cal (Address)

Religion of the Deceased

Birthplace Detroit, Michigan

Resided in the State 45 years (or U. S. or City or County) (Years) (Months)

Place of Death Burndale Hospital

Cause of Death See Certificate

Contributory Causes

Certifying Physician C. B. Andrews MD (or Coroner)

His Address Sonoma, Calif

Name of Father Robert Wagner

His Birthplace Toronto, Canada

Maiden Name of Mother Mary Hornibrook

Her Birthplace Toronto, Caly

Motor / Ship } Remains to

Size of Casket #13 Grenette -6/3- (State Color and Number)

Manufactured by S F

Cemetery / Crematory } Chapel of the Chimes, Santa Rosa,

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 160	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 1/2 — 80.00		
Taking Remains to Mt Bl 80.00		
Trip to Coroner's Inquest 40.00		
Delivering Box to 200.00		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation	45	50
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....		
....line Death Notices in ..... Papers		
..... (Names of Newspapers)		
.....		
Sales Tax	2	00
Total Footing of Bill	$ 207.	50
Less	$ 8	
Balance	$ 199.	50

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Dec 13 44	Greg " Jones	$ 199 50	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness ..... Signed .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

299

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec 18 1944

Name of Deceased Margaret Ricks W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Glen Ellen Road Agua Caliente ☐Husband ☐Wife ☐Widow or.....of } Robert

Charge to Robert James Ricks Age of Husband or Wife (if living).....Years

Address P.O. Bx 26 Agua Caliente

Order given by..... (or informant)

How Secured.....

If Veteran, State War none

Occupation at Home none (Social Security Number)

Employer and Address.....

Date of Death Dec 18 1944 5:30 P.M. (Date) (Hour)

Date of Birth April 5, 1865

Age 79 (Years) 8 (Months) 13 (Days)

Date of Funeral Dec 21 (Date) Thurs (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman E. W. Perry Sonoma (Address)

Religion of the Deceased.....

Birthplace Ireland

Resided in the State 55 years (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Cerebral Hemorrhage

Contributory Causes Arteriosclerosis

.....

Certifying Physician Vernon Silvershield (or Coroner)

His Address Santa Rosa, Calif

Name of Father Unknown Kearney

His Birthplace Ireland

Maiden Name of Mother Unknown

Her Birthplace Ireland

Motor Ship } Remains to.....

Size of Casket #9389 Hoj Couch (State Color and Number)

Manufactured by S. F. Casket Co.

Cemetery Crematory } Mt. Gem Sonoma Calif

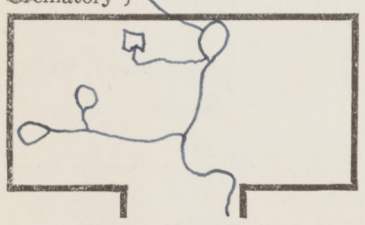

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	295 -
Casket		
Burial Vault or Box (State Kind)		15 -
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $ 1/2 = 147.50		
Getting Remains from Bx — 15.00		
Taking Remains to 162.50		
Trip to Coroner's Inquest 162.50		
Delivering Box to 81.25		
Deliver Flowers to 406.25		
Removal Charges		
Procuring Burial Permit (State Number and District)		4 -
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		35 -
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Embalmer		4 03
line Death Notices in Local Papers		2 56
Oakland Tribune (Names of Newspapers)		3 00 (L7)
Rev. Perry		5 00
Singer Mrs. Birdslead		5 00
Sales Tax		4 06
Total Footing of Bill	$	372 65
Less	$	15 50
Balance	$	357 15

Entered into Ledger. page..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward		$
	By Payment	$	$	Dec 27 44	By Payment Dr Hill	$357 15	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... (Firm Name of Funeral Directors.) days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

300

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec 21 19 44

Name of Deceased Albert F. Wade W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 408 Patton St Sonoma ☐Husband ☐Wife ☐Widow } Ella 71

or..... of } Age of Husband or Wife (if living) Years

Charge to Mrs Ella Wade

Address above

Order given by

(or informant)

How Secured 378 Cumberland st S.F.

If Veteran, State War None

Occupation Electrician none

(Social Security Number)

Employer and Address

Date of Death Dec 21, 1944 5:35 PM

(Date) (Hour)

Date of Birth Sept 12, 1870

Age 74 (Years) 3 (Months) 9 (Days)

Date of Funeral Dec 26, (Date) Tue (Day of Week) 1 P.M. (Hour)

Services at Chapel

Clergyman Rev Griggs Sonoma (Address)

Religion of the Deceased

Birthplace San Francisco, Calif

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma County Hospital

Cause of Death Bronchos Pneumonia

Contributory Causes Long standing Tuberculosis of Lungs

Certifying Physician J. Ide Lansing MD (or Coroner)

His Address So. Co. Hospital

Name of Father Frederick Wade

His Birthplace England

Maiden Name of Mother Elizabeth Winterbaer

Her Birthplace Unknown

Motor / Ship } Remains to

Size of Casket #13 6/3 Greyette (State Color and Number)

Manufactured by

Cemetery / Crematory } Mt. Cem. Sonoma

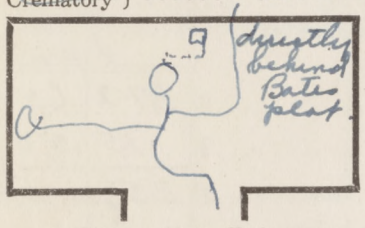

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	145 -
Casket		
Burial Vault or Box (State Kind)		15 -
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $ 1/2 = 72.50		
Getting Remains from Pet 15.00		
Taking Remains to 87.00		
Trip to Coroner's Inquest 87.50		
Delivering Box to 43.75		
Deliver Flowers to		
Removal Charges 218.75		
Procuring Burial Permit (State Number and District)		1 -
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		50 00
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
...line Death Notices in ... Papers		
No Singer (Names of Newspapers)		
Ministers Themselves		
Sales Tax		2 19
Total Footing of Bill	$	213 19
Less	$	8
Balance	$	205 19
Entered into Ledger, page ... or below.		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
12/29/44	Statement To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Dec 29 44	Mrs Wade	$ 130 00	$ 83 19
	" "	$	$	Jan 18, 45	Dr Full	$ 75 19	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Xmas - 1947

Fruit #4

Dris -
Mc Grath
Andrews
Mikita
Mallenhaver
Newman
Price -
Fletcher

~~Eberhardt~~ ~~Liquor~~

(Switch Board Girls at home)

~~Finnerty~~ -
Butler
~~Sol Girls~~ Meghiavacca
Isatch
Hartwell
Rie Eberhardt
De Martini
~~Manning~~ ~~Dancing~~ -
~~Mc Dermott~~ Miller Boyd
Baker Jim ~~Talbot~~ ~~Lavin~~
~~O'Brien~~ Dr Porter -
O'Brien Johnny

Fruit #4

Priests
Percy - 10.00
Al. - 25.00
Roberts - 10.00
Hoar - 10.00
Carl - 15.00

Cash.

Turkeys

Zolita Bates
~~Joseph Todd~~ Terrell
Mrs Boren.
Hospital -
~~Hamilton~~ ~~Methodist~~ -
Champlin.
Buttram
De Jong.
~~Brown~~ ~~Samuel~~ Mrs Pappas.

KENNEDY & KENNEDY CO.

PRINTERS - ENGRAVERS

Specializing in Funeral Directors' Memorial Books

Acknowledgment Cards – Calendars – Advertising Specialties

217-223 North Desplaines Street — Chicago, Illinois

Date 1-14-47

Ship to Batia + Evans

Street

City Sonoma State Calif.

Terms

Ship Via _____ When _____ F. O. B. Factory

Quantity	Article	Price
300	Protestant calendar	70.50

COPY

Customer _____

Salesman Jerry J. Sexton

that upon default of payment of any part of this indebtedness under this order, payment shall immediately become due for all expense incurred and work performed.

The above comprises the entire agreement affecting this purchase and no other agreement or understanding of any nature concerning same has been made or entered into or will be recognized, unless indorsed hereon in writing.

This Order Not Subject to Countermand or Reduction

Signed and Accepted as Above by Buyer _____

By _____

Reference— Give name of your bank, etc. _____

_____

_____

This order Accepted, subject to the approval and conditions of the Company _____ Salesman

All checks MUST be made payable to Extension Press. Salesmen are not permitted to **collect accounts.**

Xmas - 1947

Fruit #

Dris -
Mc Grath
Andrews
Mikita
Mallenhaver
Newman
Price -
Fletcher

~~Eberhardt~~ Liquors.

(Switch Board Girls at home)

Fruit #

~~Doherty~~
Butler
~~Sol Girls~~ Mughannacca
Isatch
Hartwell
Rice
Eberhardt
De martini
~~Manning~~
~~Dancing~~
~~Mc Herbrott~~ Miller
Baker Jam
~~Talbot~~ ~~Lavin~~
~~O'Brien~~
O'Brien Johnny
Dr Porter

Priests

Percy - 10.00
Al. - 25.00
Roberts - 10.00
Hoar - 10.00
Carl - 15.00

Cash.

Fruit #

Zolita Bates
~~Joseph Todd~~ Terrell
Mrs Boren.
Hospital -
~~Hamilton~~ ~~Methodist~~ -
Champlin.
Buttram
De Jong.
~~Bowman Samuel~~ Mrs Pappas.

REG. NO.

EXTENSION PRESS

360 N. Michigan Ave. Chicago 1, Ill.

Date 1-14-47

Please enter our order for the quantity of Calendars indicated below and ship

on _____ via _____

Name Bates + Evans

Street and Number _____

City Sonora Zone _____ State Calif.

P. O. _____ Shipping Point _____

IMPORTANT:—All Calendars will be made up immediately and shipped by express as soon as completed, unless otherwise instructed on this order.

PRICES F.O.B. CHICAGO

5000	calendars	17¾c each	750	calendars	21½c each
4000	"	18½c "	500	"	23c "
3000	"	19¼c "	300	"	24c "
2000	"	20c "	200	"	25½c "
1000	"	20¾c "	100	"	27c "

ADDITIONAL CHARGES

The above prices include same advertisement on all twelve months.

For changes of church or customers advertisement charge $2.00 extra for each change.

CASH DISCOUNT—Allowed on Calendar Accounts paid in full on or before:—
July 1st, 4%; August 1st, 3½%; September 1st, 3%; October 1st, 2½%; November 1st, 2%.

Accounts must be paid on above dates to secure cash discount.

All accounts due Net on December 1st.

Wrappers for mailing—½c each. (Specify quantity on order).—Imprinting corner card on wrappers—100 up to 1,000 $5.00; 20c for additional hundreds over 1,000. Enclosing Calendars in wrappers, ¾c each.

Quantity	ARTICLES	Price	AMOUNT
500	Cath. Art Calendars	23	115 00
		Total	$ 115 00

PRINT ADVERTISING COPY IN THIS SPACE OR ON OTHER SIDE OF THIS ORDER

Print inclosed
Send proof to priest

The arrangement of advertising copy and size and style of type are left to the judgment of Extension Press unless otherwise instructed on this order.

TERMS AND CONDITIONS THAT ARE A PART OF THIS CONTRACT

An underrun or overrun not exceeding 5 per cent will constitute fulfillment of this order. It is agreed that upon default of payment of any part of this indebtedness under this order, payment shall immediately become due for all expense incurred and work performed.

The above comprises the entire agreement affecting this purchase and no other agreement or understanding of any nature concerning same has been made or entered into or will be recognized, unless indorsed hereon in writing.

This Order Not Subject to Countermand or Reduction

Signed and Accepted as Above by Buyer _____

By _____

Reference— _____

Give name of your bank, etc. _____

This order Accepted, subject to the approval and conditions of the Company _____ Salesman

All checks MUST be made payable to Extension Press. Salesmen are not permitted to **collect accounts.**

Xmas - 1947

Fruit #½

Dris -
Mc Grath
Andrews
Mikita
Mallenhauer
Newman
Price -
Fletcher

~~Eberhardt~~ Liquors.

Fruit #1

(Switch Board Girls at home)
~~Finnerty~~ -
Butler
~~Jel Girls~~ Meglianaacca
Isatch
Hartwell
Rie Eberhardt
De martini
~~Manning~~ Boyd
~~Mc Dermott~~ Miller
Jim
Baker. ~~Talbot~~ t. ~~Lavin~~
~~O'Brien~~
O'Brien Johnny Dr Porter -

Priests { Percy - 10.00
Al. - 25.00
Roberts - 10.00
Hoar - 10.00
Carl - 15.00 } Cash.

Turkeys

Zolita Bates
~~Joseph Todd~~ Terrell
Mrs Boren.
Hospital -
~~Hamilton~~ Methodist -
Champlin.
Buttram
De Jong. Mrs Pappas.
~~Bowman Samuel~~

HOSPITAL #_____

DATE Oct 16, 1944

PERMIT FOR AUTOPSY

I, Charles R Nicholson, bearing the relationship of brother to Mamie Nicholson., a patient recently deceased in Victory Hospital, Ltd., hereby authorize the representative of said hospital to make such examination of the body of said deceased and of its tissues as may be necessary to determine the cause of death.

Charles R Nicholson.

SIGNATURE OF RELATIVE OR FRIEND

brother

RELATIONSHIP

WITNESS

Wm J Dawson M.D.

WITNESS

Mildred E. Clark

Cottage occupied
by the late
Archie Downs

Nov. 6, 1944

1 guitar
1 Electric Iron
1 Hair clipper
2 Kodaks
Kiddies dishes
Football + books
1 Set Boxing gloves
1 Baseball glove
clothing + personal effects.
Above effects left in
charge of C. E. Miller
to forward to Widow

Effects checked
and listed by
Ernest Evans
Deputy Coroner
Witness C E Miller

TELEPHONE 43

Bates and Evans

Funeral Directors

SONOMA, CALIFORNIA

Received of Bates & Evans the following: Effects of

Archie James Downs.. Deceased

Wallet
$2.72
2- $25.00 War Bonds
Mare Island Photo, and Key
Address Boo k
2 Letters

Vernon Silverfield
Coroner